

SECTION 3.3
PARTICIPATING INDEPENDENT LABORATORIES



MEDICARE

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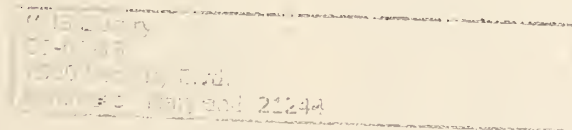
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Foreword

WITH THE enactment of the health insurance program for the aged (Medicare), it became possible to organize a continuing information system to report the use of health care services by older Americans. Since Medicare began, one of the basic tasks has been to process and pay claims for covered medical services submitted by or on behalf of the almost 19.5 million persons entitled to hospital insurance benefits and the 17.8 million persons enrolled for supplementary medical insurance benefits. From this operation come data on the amount, the kind, and the cost of such services used by the aged.

This report is one in a series of publications designed to disseminate such data on a regular basis. It provides detailed statistical information on independent laboratories participating under Medicare. Other reports in the series will present the number and characteristics of participating hospitals, participating home health agencies, extended care facilities, of the insured population, and the utilization of medical care services. A listing of these reports appears on the inside cover. The reports are intended to give a comprehensive account of the amounts reimbursed under the program, the kinds of services paid for, and the variations in utilization and reimbursement by age, race, and sex of the beneficiary, as well as his

place of geographic residence. Such data can provide new insights into the patterns of medical care for persons aged 65 and over. A fuller understanding of present practice can contribute to improved health services not only for the aged but for the general population of the United States as well.

Many individuals in the Social Security Administration have assisted with the development of this series. The preparation of these reports is a major function of the ORS Division of Health Insurance Studies under the supervision of Howard West, director, and Aaron Krute, deputy director, and involving a majority of its staff. Important contributions for the tabulation and presentation of the statistical content of this report were made by Frank L. Kirby, Charles G. Scott, and Theodosia Rasberry of the Statistical Processing and Procedures Branch of that division. Text preparation was the responsibility of Wayne Callahan of the Provider Statistics Branch. Special acknowledgments for publication services are made to the Division of Operating Facilities in the Office of Administration, and to the Division of Health Insurance Statistical Data of the Bureau of Data Processing and Accounts for tabulating services.

IDA C. MERRIAM,
Assistant Commissioner for Research and Statistics

October 1971.

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THIS PUBLICATION is a section of a statistical report series produced from Medicare program records. Presented on a calendar year basis, describing services rendered in the year, the series includes sections on enrollment, characteristics of providers, inpatient care in hospitals and extended care facilities, outpatient hospital services, home health services, physicians' and other medical services, and overall summaries.

The primary objective of these reports is to provide data required to measure and evaluate program operation and effectiveness. Benefit payment operations furnish information about the amount and kind of hospital and medical care services used by persons aged 65 and over, as well as the expenditures for such services. The applications by hospitals, extended care facilities, home health agencies, and independent laboratories to participate in the program provide data on the characteristics of such providers of services. The claim number assigned to each individual serves as the link between the program services utilized and the demographic characteristics of each individual recorded in the health insurance entitlement master file.

The data-collection system has two inherent characteristics that determine the scope, detail, and flexibility of the available data. First, data are collected and maintained on an individual basis so that the beneficiary and his medical experience under the program form the basic unit. Second, records for each bill paid under the program and, for a sample of beneficiaries, records of diagnoses and surgical procedures are maintained on a centralized basis. Except for intermediary operating statistics such as those relating to workloads, costs, and the like, all program statistics are centrally prepared.

THE BASIC RECORDS

The statistical system is based on five related computer-tape records: the health insurance entitlement master file, provider record, hospital insurance (Part A) utilization record, medical insurance (Part B) payment record, and the record containing information from medical insurance bills for a 5-percent sample of supplementary medical insurance enrollees.

THE HEALTH INSURANCE ENTITLEMENT MASTER FILE

The health insurance entitlement master file identifies each aged person eligible for health insurance benefits and indicates whether he is entitled to hospital benefits, to supplementary medical insurance benefits, or to both of these benefits.

This record is used to create a health insurance card that is sent to each insured person. The card contains the individual's claim number (the number used for OASDI or railroad retirement programs). It indicates the entitlement of the individual for the two parts of the Medicare program.

The entitlement record provides the population data for each part of the program and therefore serves as the base for the computation of a variety of utilization rates, limited only by its demographic content.

PROVIDER RECORD

Every hospital, home health agency, extended care facility, and independent laboratory must apply for participation in the hospital insurance program in order to be reimbursed for services provided. Data included on the application forms have been recorded in the central provider record and are updated as facilities are recertified periodically, as new ones apply for participation, or as some leave the program. When the information in this provider file is combined with utilization data, it serves to relate the characteristics of facilities and agencies that provide care to the kinds and amounts of service used by persons insured under Medicare.

UTILIZATION RECORD FOR HOSPITAL INSURANCE

The administration of the hospital insurance program requires that two items of information be known about each person at the time of his admission to a hospital—his entitlement under the program and the extent to which he has used the benefits available to him under the "benefit period" concept.

When the patient is admitted to a hospital, the admission section of the inpatient hospital admission and billing form is completed by the hospital and forwarded through its intermediary to the Social Security Administration for recording in the central record. As soon as the record is checked, normally in less than 24 hours, the intermediary is informed of the patient's benefit status and of the number of days remaining during the "benefit period."

This information is then forwarded to the hospital. At discharge, the hospital completes the billing section of the form and sends it to the intermediary for payment. When approval for payment has been made, the intermediary forwards the claim to the Social Se-

of the Medicare Program

curity Administration for inclusion in the central record.

As part of this process, information on diagnoses and surgical procedures are coded for a 20-percent sample of beneficiaries based on specific combinations of digits in the health insurance claim number. Copies of admission and billing forms are handled in a comparable manner by home health agencies and extended care facilities. The outpatient billing form is also transmitted to the Social Security Administration for recording in the central record after the bill is approved for payment by the intermediary.

All the information on utilization experience in hospital and extended care facilities that is needed to administer the "benefit period" provision is recorded in the central record. This information includes stays in certain nonparticipating institutions that meet the definition of a hospital or extended care facility under the law, and days of care not covered or reimbursable under the program.

Each admission and billing form contains both the beneficiary's claim number and the provider's identification number. The resulting tape record can be readily matched to the beneficiary files and the provider files. By this process, a statistical tape record is created for the sample of insured persons that contains all the available information needed for tabulation from the three files related to Part A utilization.

PAYMENT FOR MEDICAL INSURANCE

Payment or reimbursement under the SMI program is made only after receipt by the carriers (intermediaries involved in Part B of the Medicare program) of bills having allowed charges exceeding \$50 during a calendar year period.

For the insured population, carriers need to know from a central source that the deductible has been met; thereafter, during the remainder of the calendar year, the only additional information required from the Social Security Administration for reimbursement or payment purposes is whether the person is still enrolled under the SMI program.

For administration and operation of the program, the Social Security Administration must have accurate and complete information on the amounts paid by the carriers for physician services and for other services and supplies under this part of the program. To meet these needs, carriers furnish a payment record consisting of tape, punched card, or other machine-readable record of each bill paid. A "bill" is defined as a request for payment from or on behalf of a beneficiary as the result of services provided by a

single physician or supplier.

The payment record also contains selected items of information needed to supply an efficient basis for drawing samples of the bills. These items provide a sampling frame that may be used to draw additional samples designed to obtain specific information not furnished reliably by the basic sample of enrolled persons under the medical insurance program.

THE MEDICAL INSURANCE SAMPLE

Although the payment record provides a rapid method for summarizing payment data and a sampling frame for efficiently drawing additional samples of bills, it does not provide specific data on diagnoses, procedures, and related charges.

Basic statistics on the utilization of physician and other services covered under the supplementary medical insurance program are derived from bills paid by intermediaries to or on behalf of a continuous 5-percent sample of all enrolled persons. Intermediaries have been given specific combinations of digits of the health insurance claim number to be used in selecting the 5-percent sample, which is a sub-sample of the 20-percent sample used for hospital insurance program data.

Bills are submitted either directly on an SSA request for payment form, or on the SSA form in combination with the physician's billing form. Both methods are designed to provide information on the date and place of each service, the procedure carried out or service provided, the condition treated (diagnosis), and the physician's or supplier's charge for the specific service.

All of the bills of persons in the 5-percent sample to or for whom payment is made under the program, including those used to meet the annual \$50 deductible, are included in the sample and coded. However, data are not available through these procedures for persons in the sample who do not meet the \$50 deductible. Such data are collected by means of the Current Medicare Survey, with data made available in a separate report series.¹

For hospital-based physicians who have authorized the provider to collect the fee for their services, the provider billing for patient services by physicians form is used. This form is completed for each patient. It includes descriptive information on the date and place of each service, the diagnoses, procedures, and the charges. These bills are received centrally for the 5-percent sample of persons enrolled for supplementary medical insurance.

¹ Jack Scharff, "Current Medicare Survey: The Medical Insurance Sample," *Social Security Bulletin*, April 1967.

Independent Laboratories Participating In The Program

TITLE XVIII of the Social Security Act, introduced as part of the 1965 amendments, provides health insurance protection for the aged. To implement the law, two separate but complementary programs were established. The first of these, the hospital insurance (HI) program, provides protection against the cost of hospital and related post-hospital care. The second, termed supplementary medical insurance (SMI) provides coverage of physicians' services and a number of other health items and services not included under the HI program. Among the major benefits provided under the SMI program are coverage of and reimbursement for diagnostic laboratory tests performed in an independent clinical laboratory.

An independent laboratory is one that is independent both of the attending or consulting physician's office and of a hospital that meets the conditions for participation in the program. A laboratory operating under the direction of a physician primarily for the performance of diagnostic laboratory services for other physicians is considered to be an independent laboratory. The laboratory maintained by a physician for performing diagnostic tests in connection with his own practice is not considered to be an independent laboratory.

By the end of 1967, 2,669 independent laboratories had been certified to participate in the Medicare program. In order to participate in the Medicare program, a laboratory must be approved by the Secretary of Health, Education, and Welfare as meeting the specific requirements for participation under the program. Section 1861(s) of the Social Security Act stipulates that, where State or local laws provide for licensing laboratories, the laboratory be licensed in accordance with such law or be approved by the agency of the State or locality responsible for such licensure. As a further condition, the statute requires that the laboratory meet such standards as the Secretary of Health, Education, and Welfare finds necessary to assure the health and safety of individuals for whom tests are performed.¹

¹ "Conditions for Coverage of Services of Independent Laboratories" (HIR-13), Social Security Administration, February 1968.

Characteristics of the Independent Laboratories

GEOGRAPHIC DISTRIBUTION OF LABORATORIES

There were 2,669 independent laboratories approved for participation under Medicare during calendar year 1967. The number of approved laboratories varies considerably by region and State (table A). Forty-six percent of the approved laboratories were concentrated in two geographic areas: 722 or 27 percent were in the Pacific States, and 507 or 19 percent were in the Middle Atlantic States. The East North Central States had 383 (14 percent of the total) while the remaining two-fifths were scattered throughout the country.

California with 606 approved laboratories (23 percent of the total) had the largest number of any State, followed by New York with 257, 10 percent of the total. Other States with more than 100 approved laboratories included Florida, Illinois, New Jersey, Ohio, Pennsylvania, and Texas. These eight States accounted for 1,677, or 63 percent of all approved laboratories. Idaho and New Hampshire, on the other hand, each had only one approved independent laboratory.

TRAINING OF LABORATORY DIRECTORS

Pathologists served as directors in 36 percent of the approved laboratories; 26 percent of the directors were other types of physicians; while 38 percent were nonphysicians (table A).

Among the States there is considerable variation in the professional training of laboratory directors. In the West North Central States, 64 percent of the laboratories had pathologists serving as their directors. Fifty-three percent of the directors in the East South Central States, and 44 percent in the Mountain States, were pathologists. New England and the Middle Atlantic States, on the other hand, had only 16 and 28 percent, respectively, of their approved laboratories under the directorship of pathologists.

The proportion of laboratories directed by nonphysicians also varies considerably on a geographic basis.

Table A.—Number and percentage distribution of approved independent laboratories by training of laboratory director, division, and State, 1967

Division and State	All laboratories	Pathologist	Other physician	Nonphysician
Percentage distribution				
All areas.....	2,669	36	26	38
United States.....	2,616	36	26	37
New England.....	168	16	14	70
Maine.....	2	—	50	50
New Hampshire.....	1	—	—	100
Vermont.....	4	—	50	50
Massachusetts.....	90	20	18	62
Rhode Island.....	19	5	11	84
Connecticut.....	52	15	6	79
Middle Atlantic.....	507	28	13	58
New York.....	257	33	14	53
New Jersey.....	125	19	16	65
Pennsylvania.....	125	28	10	62
East North Central.....	383	30	25	45
Ohio.....	104	25	30	45
Indiana.....	32	63	16	22
Illinois.....	156	20	30	51
Michigan.....	74	32	19	49
Wisconsin.....	17	82	6	12
West North Central.....	143	64	18	18
Minnesota.....	11	73	27	—
Iowa.....	16	75	13	13
Missouri.....	58	60	14	26
North Dakota.....	9	67	33	—
South Dakota.....	4	100	—	—
Nebraska.....	19	79	11	11
Kansas.....	26	46	27	27
South Atlantic.....	212	41	24	35
Delaware.....	4	75	25	—
Maryland.....	33	49	27	24
District of Columbia.....	5	80	20	—
Virginia.....	23	74	4	22
West Virginia.....	7	14	43	43
North Carolina.....	10	50	50	—
South Carolina.....	4	75	25	—
Georgia.....	19	84	16	—
Florida.....	107	21	25	54
East South Central.....	70	53	29	19
Kentucky.....	28	39	50	11
Tennessee.....	23	48	13	39
Alabama.....	12	92	8	—
Mississippi.....	7	57	29	14
West South Central.....	266	41	36	23
Arkansas.....	14	57	43	—
Louisiana.....	20	50	45	5
Oklahoma.....	35	37	31	31
Texas.....	197	40	35	25
Mountain.....	145	44	21	35
Montana.....	8	50	25	25
Idaho.....	1	100	—	—
Wyoming.....	3	100	—	—
Colorado.....	32	38	9	53
New Mexico.....	23	30	39	30
Arizona.....	53	45	19	36
Utah.....	12	42	17	42
Nevada.....	13	62	31	8
Pacific.....	722	38	39	23
Washington.....	64	58	19	23
Oregon.....	32	66	6	28
California.....	606	35	42	23
Alaska.....	2	50	50	—
Hawaii.....	18	44	50	6
Outlying areas.....	53	11	19	70
Puerto Rico.....	52	10	19	71
Virgin Islands.....	1	100	—	—

In New England, for example, 70 percent of the approved laboratories were directed by nonphysicians, as were 58 percent of the approved laboratories in the Middle Atlantic States. In contrast, only about one-fifth of the directors of approved laboratories in the West North Central States and East South Central States were not physicians.²

² Nonphysician laboratory directors may include holders of doctoral degrees from accredited institutions with a major in clinical, physical, or biological science together with either (a) certification by a national accrediting board in one of the laboratory specialties, or (b) 4 or more years of general clinical laboratory training and experience after graduation. For a detailed description of these requirements and certain permissible exceptions, see "Conditions for Coverage . . ." *ibid.*, section 405.1312.

APPROVED REIMBURSABLE TESTS OR PROCEDURES

Laboratories are certified to perform only those laboratory tests and procedures that are within the specialties or subspecialties in which the laboratory director or supervisors are qualified. Thus, not all approved laboratories may perform all of the tests in the seven categories of reimbursable clinical tests or procedures. Table B shows that 27 percent of the 2,669 laboratories were approved for all seven types of tests or procedures. More than nine out of every 10 laboratories were approved for clinical chemistry and hematology. Tissue pathology and exfoliative cytology were approved for the fewest laboratories—32 percent and 34 percent, respectively.

Table B.—Number and percent of approved independent laboratories, by training of laboratory director and type of procedure approved, 1967

Type of procedure	All laboratories		Pathologist		Other physician		Nonphysician	
	Number	Percent of total	Number	Percent of total	Number	Percent of total	Number	Percent of total
All laboratories.....	2,669	100	958	100	697	100	1,014	100
Microbiology.....	2,130	80	795	83	546	78	789	78
Serology.....	1,703	64	761	79	347	50	595	59
Clinical chemistry.....	2,470	93	851	89	657	94	962	95
Hematology.....	2,482	93	863	90	653	94	966	95
Immunohematology.....	1,438	54	778	81	384	55	276	27
Tissue pathology.....	844	32	759	79	59	9	26	3
Exfoliative cytology.....	917	34	800	84	82	12	35	4
All procedures.....	724	27	656	69	48	7	20	2

The number of types of clinical tests or procedures that laboratories are approved to perform varies according to the professional training of the directors.

Over two-thirds (68 percent) of the laboratories directed by pathologists were approved under the program to perform all seven diagnostic procedures. Only 7 percent of the laboratories with directors who were physicians other than pathologists, and 2 percent of the nonphysician-directed laboratories were approved for the performance of all procedures.

The specific kind of procedures that laboratories are approved to perform also varies with the professional training of their directors. A large percentage of the pathologist-directed laboratories were approved for tissue pathology—79 percent, compared with only 9 percent of the laboratories directed by other physicians, and 3 percent of those directed by nonphysicians. Approximately the same ratios existed for laboratories approved for exfoliative cytology.

There is also geographic variation in the proportion of laboratories approved for various procedures (table C). Over 60 percent of all participating laboratories in the West North Central States were approved for all seven types of tests, compared to less than 20 percent in the New England and Middle Atlantic States. The proportion of laboratories approved for all clinical tests among the various geographic divisions followed closely the proportion of laboratory directors who were pathologists.

Table C.—Number and percent of approved independent laboratories, by type of procedure and division, 1967

Division	All laboratories	Microbiology	Serology	Clinical chemistry	Hematology	Immuno-hematology	Tissue pathology	Exfoliative cytology	All procedures
Percent of total									
All areas.....	2,669	80	64	93	93	54	32	34	27
New England.....	168	67	58	96	96	45	10	16	8
Middle Atlantic.....	507	68	68	90	91	38	23	26	16
East North Central.....	383	72	83	92	93	50	30	34	26
West North Central.....	143	89	72	94	93	74	65	68	62
South Atlantic.....	212	82	47	92	93	48	38	43	34
East South Central.....	70	83	66	90	91	50	53	53	46
West South Central.....	266	91	52	95	96	65	45	47	43
Mountain.....	145	82	59	90	91	55	39	41	37
Pacific.....	722	87	65	94	94	66	28	30	23
Outlying areas.....	53	88	11	91	86	9	11	13	2

NUMBER OF TECHNICAL STAFF

The conditions for independent laboratory coverage also define the duties and qualifications of technical laboratory staff (those other than the director), including technologists and technicians.³ Each laboratory submits an application form "Request for Approval" (Form SSA-1517, see figure 1) requesting approval to participate in Medicare, that provides information on the number of technical personnel (expressed in full-time equivalents) that can be used as a relative indicator of the size of the laboratory. Such "size" information, relating the numbers of technical staff to the numbers of approved laboratories in each State, is shown in the general tables.

Nationally, approved laboratories employed almost 12,000 technical personnel (full-time equivalents), with an average of 4.4 for each approved laboratory (table D). The technical staffs for all laboratories averaged about one physician to every five nonphysicians. Almost two-thirds (62 percent) of the physicians were employed in laboratories directed by pathologists. Although laboratories directed by pathologists comprised only 36 percent of all approved labo-

ratories, they employed 57 percent of the technical staff.

The State distribution shows that the average number of technical staff per laboratory exceeded 10 in Alabama, Alaska, the District of Columbia, and Nebraska. At the other extreme, Maine, New Jersey, Vermont, and West Virginia averaged two technical employees per laboratory.

The continental regions with the smallest numbers of laboratories approved (the North Central States and the South) had the largest number of technical employees per laboratory.

LEVEL OF CERTIFICATION

Independent laboratories must meet specific requirements in order for their services to qualify for reimbursement under the program. These requirements (established in the interest of health and safety) are essential to the maintenance of quality of care and the adequacy of the services and facilities which the laboratory provides. The test is whether there is substantial compliance with each of the conditions for participation.⁴

Independent laboratories can be approved for participation in the program at the following levels of certification:

1. With no significant deficiencies,
2. With correctible deficiencies.

Of the 2,669 laboratories approved for participation in 1967, 2,238 or 84 percent were found to have no significant deficiencies (table E). Of the 431 laboratories approved with correctible deficiencies, 275 or 64 percent were located in the Middle Atlantic and Pacific States, the two divisions with the largest number of certified laboratories. Approximately nine out of every 10 staff members (87 percent) were employed in laboratories found to have no significant deficiencies.

Table D.—Number and percentage distribution of approved independent laboratories, by technical staff, and training of laboratory director, 1967

Training of laboratory director	All laboratories	Technical staff ¹		
		Total	Physician	Non-physician
Number				
All areas.....	2,669	11,671.2	1,937.7	9,733.5
Pathologist.....	958	6,669.7	1,194.4	5,475.3
Other physician.....	697	2,752.2	573.0	2,179.2
Nonphysician.....	1,014	2,249.3	170.3	2,079.0
Percentage distribution				
All areas.....	100	100	100	100
Pathologist.....	36	57	62	56
Other physician.....	26	24	30	22
Nonphysician.....	38	19	9	21

¹ Includes all technical personnel other than directors. Expressed in full-time equivalents.

³ *Ibid.*, section 405.1315.

⁴ *Ibid.*, section 405.1305.

Table E.—Number of approved independent laboratories, by training of laboratory director, number of technical staff, and level of certification, by division, 1967

Level of certification and division	All laboratories	Training of laboratory director			Technical staff ¹			
		Pathologist	Other physician	Nonphysician	Number	Average per laboratory	Physician	Nonphysician
All areas.....	2,669	958	697	1,014	11,671.2	4.4	1,937.7	9,733.5
No significant deficiencies.....	2,238	850	576	812	10,115.0	4.5	1,696.8	8,418.2
With correctible deficiencies.....	431	108	121	202	1,556.2	3.6	240.9	1,315.3
New England.....	168	27	24	177	557.3	3.3	95.0	462.3
No significant deficiencies.....	116	16	17	83	447.5	3.9	84.0	363.5
With correctible deficiencies.....	52	11	7	34	109.8	2.1	11.0	98.8
Middle Atlantic.....	507	144	67	296	1,965.6	3.9	162.6	1,803.0
No significant deficiencies.....	387	121	52	214	1,549.4	4.0	127.6	1,421.8
With correctible deficiencies.....	120	23	15	82	416.2	3.5	35.0	381.2
East North Central.....	383	115	97	171	1,495.8	3.9	186.3	1,309.5
No significant deficiencies.....	347	107	85	155	1,339.5	3.9	159.5	1,180.0
With correctible deficiencies.....	36	8	12	16	156.3	4.3	26.8	129.5
West North Central.....	143	92	25	26	1,024.8	7.2	205.0	819.8
No significant deficiencies.....	135	91	22	22	1,004.3	7.4	196.0	808.3
With correctible deficiencies.....	8	1	3	4	20.5	2.6	9.0	11.5
South Atlantic.....	212	87	50	75	1,178.3	5.6	218.3	960.0
No significant deficiencies.....	193	77	45	71	1,116.0	5.8	205.0	911.0
With correctible deficiencies.....	19	10	5	4	62.3	3.3	13.3	49.0
East South Central.....	70	37	20	13	400.1	5.7	68.0	332.1
No significant deficiencies.....	65	34	20	11	364.1	5.6	65.0	299.1
With correctible deficiencies.....	5	3	—	2	36.0	7.2	3.0	33.0
West South Central.....	266	109	95	62	1,416.2	5.3	315.6	1,110.6
No significant deficiencies.....	242	101	84	57	1,318.2	5.4	290.6	1,027.6
With correctible deficiencies.....	24	8	11	5	98.0	4.1	25.0	73.0
Mountain.....	145	64	30	51	552.1	3.8	115.0	437.1
No significant deficiencies.....	133	60	24	49	514.6	3.9	102.0	412.6
With correctible deficiencies.....	12	4	6	2	37.5	3.1	13.0	24.5
Pacific.....	722	277	279	166	2,937.2	4.1	543.0	2,394.2
No significant deficiencies.....	567	237	217	113	2,317.5	4.1	438.1	1,879.4
With correctible deficiencies.....	155	40	62	53	619.7	4.0	105.9	514.8
Outlying areas.....	53	6	10	37	143.9	2.7	29.0	114.9
No significant deficiencies.....	53	6	10	37	143.9	2.7	29.0	114.9

¹ Includes all technical personnel other than directors. Expressed in full-time equivalents.

Conditions of Participation

The following material is excerpted from the Code of Federal Regulations, Title 20, Chapter III, Part 405, "Conditions for Coverage of Services of Independent Laboratories" (HIR-13), Social Security Administration, February 1968.

Definition of independent laboratory.—As noted earlier, an independent laboratory performing diagnostic tests is one which is independent both of the attending or consulting physician's office and of a hospital which meets the conditions of participation in the program. A facility is not an independent laboratory if it: (1) is located in a hospital which meets the conditions of participation in the program or, if outside the hospital, is operated by or under the supervision of a hospital or its organized medical staff, and (2) serves the hospital's patients. An out-of-hospital laboratory directed by a physician, such as a pathologist, is considered to meet the definition where the facility is operated primarily for the performance of diagnostic tests for other physicians.

A laboratory maintained by a physician for performing diagnostic tests primarily for his own patients would be exempt from the conditions, even though such laboratory does diagnostic tests on referral from other physicians. Diagnostic tests furnished by out-of-hospital physicians whose primary practice is directly attending patients and/or consultation, even though conducted partly through diagnostic pro-

cedures, are considered physicians' services rather than clinical laboratory services.

Certification of independent laboratories.—Independent laboratories that wish to participate under the supplementary medical insurance part of the Medicare program must apply for and establish their eligibility to do so. The independent laboratory must demonstrate that it meets the specific statutory requirements. As a further condition, the statute requires that the independent laboratory meet such standards as the Secretary finds necessary to assure the health and safety of individuals for whom these tests are performed.

The law makes provision for designated State health agencies, or other State agencies, to assist the Secretary in determining compliance with the conditions for coverage of services of independent laboratories. The designated State agencies certify to the Secretary those laboratories which they find meet the conditions. Services provided in a laboratory that is determined by the Secretary to be in substantial compliance with the conditions relating to health and safety and which meet the statutory licensure requirement would be reimbursable under the medical insurance program.

All initial certifications by the State agency to the effect that an independent laboratory is in substantial compliance with the conditions of participation are for a period of 1 year, which began July 1, 1966, or if later, with the date on which the laboratory is first

found to be in substantial compliance with the conditions. The Secretary's determination will remain in effect until such time as notice of revision or termination is given. State agencies may visit or resurvey laboratories where necessary to ascertain continued compliance or to accommodate to periodic or cyclical survey programs. A State may, at any time, find and certify to the Secretary that a laboratory is no longer in compliance.

Source of the Data

Each independent laboratory desiring to establish coverage of their services under the health insurance program submits a completed "Request for Approval" (Form SSA-1517, figure 1) through the State agency and the regional office of the Social Security Administration to the central office. The data on this form, and that on the Certification and Transmittal (Form SSA-1539, figure 2), are the sources of the information shown in the general tables.

Upon receipt of these forms in the Social Security Administration's central office, the information describing the characteristics of the independent laboratory is entered into a master provider of services file for storage and retrieval. This supplier of services record is updated as laboratories are periodically recertified, or as new laboratories apply and are approved for participation, or as some leave the program. In addition, certified laboratories can request that they be certified eligible to perform additional tests at any time; conversely, laboratories can be found ineligible to perform tests or procedures for which they had earlier been found eligible to perform. The detailed information about each laboratory recorded in the statistical tapes includes such items as the State and county in which the laboratory is located, professional qualification of the director, types of clinical tests or procedures that each laboratory is approved to perform, and the number of technical personnel employed.

The types of clinical tests or procedures that each laboratory is *approved* to perform are noted by the State agency surveyor in item 12 of the Certification

and Transmittal (Form TSA-1539, figure 2). Data shown in this report on the number and types of procedures approved are obtained from this source.

Independent laboratories may perform other clinical or radiological procedures (item III, Form SSA-1517, figure 1) not included as covered services of independent laboratories under the Medicare program. This information was requested for program evaluation purposes only and is not shown in this report.

Reimbursable Tests and Procedures

Laboratories are certified to perform only those tests and procedures that are within the specialties or subspecialties in which the laboratory director or supervisors are qualified.

Payment can be made for the seven classes of laboratory tests and procedures listed below.

Microbiology.—Identification of micro-organisms that cause disease in human beings.

Serology.—Examination of the sera (liquid) component of blood, to determine whether antibodies of certain diseases identifiable through blood analysis are present.

Clinical chemistry.—Examination of the chemical properties of specimens (usually blood) to determine the presence of abnormal substances or to determine pathological amounts of "normal" components of the human organism.

Hematology.—Examination of the cellular structures of the blood and bone marrow to identify and classify such disease as anemias, leukemias, and blood-clotting disorders.

Immunohematology.—Examination of immune bodies in blood by (a) blood group typing, (b) Rh studies, and (c) cross-matching of blood for transfusions.

Tissue pathology.—Examination of abnormal characteristics of human tissue; for example, detection of cancer by the use of biopsy. Tissue is analyzed using both gross and microscopic procedures.

Exfoliative cytology.—Examination of cells which detach themselves from the linings of passages in the body.

**REQUEST FOR APPROVAL OF INDEPENDENT LABORATORY
UNDER THE HEALTH INSURANCE FOR THE AGED PROGRAM**

All independent laboratories desiring to establish the coverage of their services under the Health Insurance Program should complete this form and return it to the State agency that is handling the certification process. If a return envelope is not provided, the name and address of the State agency may be obtained from the nearest Social Security Administration district office.

The following laboratories should not file this form:

Laboratories in participating hospitals or those operated by or under the supervision of a participating hospital or its organized medical staff; laboratories maintained by physicians in connection with their individual or group practice, except where the physician(s) holds himself out to the general public, and/or other physicians as being available primarily for the performance of diagnostic x-ray and/or other laboratory services.

Form Approved
Budget Bureau No. 72-R731

DO NOT WRITE IN THIS SPACE			
ID			
SC			
SMSA			
DO			
DATE CERTIFIED			
CERTIFICATION			

I. Identifying Information	NAME OF LABORATORY		STREET ADDRESS	
	CITY, COUNTY, AND STATE		ZIP CODE	TELEPHONE NUMBER (Including area code)
	NAME OF DIRECTOR		PROFESSIONAL QUALIFICATIONS (See instructions) 1. <input type="checkbox"/> PATHOLOGIST 3. <input type="checkbox"/> MD (other) 2. <input type="checkbox"/> RADIOLOGIST 4. <input type="checkbox"/> OTHER (Attach description of qualifications)	

II. Licensure	A. <input type="checkbox"/> LICENSED, APPROVED, OR REGISTERED AS A LABORATORY BY A STATE OR LOCAL GOVERNMENT AGENCY. (Name of Agency)	LICENSE EFFECTIVE		B. <input type="checkbox"/> NO LICENSE APPROVAL OR REGISTRATION REQUIRED
		BEGINNING DATE	THRU DATE	

III. Laboratory Tests or Procedures (Check all applicable)	A. CLINICAL TESTS OR PROCEDURES		B. RADIOLOGY PROCEDURES	
	1 <input type="checkbox"/> Microbiology 2 <input type="checkbox"/> Serology 3 <input type="checkbox"/> Clinical Chemistry 4 <input type="checkbox"/> Hematology 5 <input type="checkbox"/> Immunohematology 6 <input type="checkbox"/> Tissue Pathology	7 <input type="checkbox"/> Exfoliative Cytology 8 <input type="checkbox"/> Electrocardiograph 9 <input type="checkbox"/> Basal Metabolic Rate 10 <input type="checkbox"/> Electroencephalograph 11 <input type="checkbox"/> Other (Specify)	1 <input type="checkbox"/> X-Ray, Diagnostic 2 <input type="checkbox"/> X-Ray, Therapeutic 3 <input type="checkbox"/> Radioisotope 4 <input type="checkbox"/> Other (Specify)	

IV. Type of Ownership or Control (Check one)	1 <input type="checkbox"/> Private	3 <input type="checkbox"/> City	5 <input type="checkbox"/> City-County
	2 <input type="checkbox"/> State	4 <input type="checkbox"/> County	6 <input type="checkbox"/> Other (Specify)

V. Number of Personnel (Full-Time Equivalents)	A. NUMBER OF PHYSICIANS AND/OR SUPERVISORS (Do not include director)					
	1. PATHOLOGISTS		2. RADIOLOGISTS	3. OTHER M.D.'S	4. P.H.D.	
	CLINICAL	ANATOMICAL	BOTH			
	5. D.S.C.		6. M.S./M.A.	7. B.S./B.A.	8. OTHER	
	B. NUMBER OF TECHNOLOGISTS (Exclude director and supervisors)					
	1. CLINICAL		2. RADIOLOGIC		3. NUCLEAR MEDICAL	
B.S./B.A. (or higher)		OTHER		B.S./B.A. (or higher)	OTHER	
C. NUMBER OF CLINICAL LABORATORY TECHNICIANS						
1. COLLEGE-60 SEMESTER HOURS OR MORE		2. COLLEGE-OTHER	3. HIGH SCHOOL	4. OTHER		

SIGNATURE OF AUTHORIZED OFFICIAL	TITLE	DATE
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CERTIFICATION AND TRANSMITTAL

TO BE COMPLETED BY STATE AGENCY

1. NAME AND ADDRESS OF FACILITY		2. TYPE OF FACILITY	
		(a) <input type="checkbox"/> JCAH General Hospital (b) <input type="checkbox"/> Non-JCAH General Hospital (c) <input type="checkbox"/> Psych. Hospital (d) <input type="checkbox"/> TB Hospital (e) <input type="checkbox"/> ECF (f) <input type="checkbox"/> HHA (g) <input type="checkbox"/> HHA (Psych.) (h) <input type="checkbox"/> Independent Lab.	
3. TO: BHI Regional Representative Regional Office,		4. DATE OF APPLICATION	5. CERTIFICATION <input type="checkbox"/> INITIAL <input type="checkbox"/> RECERTIFICATION
6. STATE			
7. PURSUANT TO PROVISIONS OF SEC. 1864 OF THE SOCIAL SECURITY ACT, AND UPON CONSIDERATION OF ALL FACTS, THE FACILITY IS CERTIFIED AS:			
(a) <input type="checkbox"/> In substantial compliance with the conditions of participation (with no significant deficiencies)		(d) <input type="checkbox"/> Not (or no longer) in compliance with conditions of participation	
(b) <input type="checkbox"/> In substantial compliance with the conditions of participation (with correctable deficiencies)		8. SUPPLEMENTAL INFORMATION ON HOSPITALS AND ECF'S NOT IN COMPLIANCE (a) <input type="checkbox"/> Facility is in conformance with 1861 (e) (1) (Definition of hospital) (b) <input type="checkbox"/> Facility is in conformance with 1861 (j) (1) (Definition of ECF) (c) <input type="checkbox"/> Hospital is in conformance with 1861 (e) (1-5) and (7) (Eligible for emergency services)	
(c) <input type="checkbox"/> Meeting the conditions for special certification (limited access)			
9. JCAH <input type="checkbox"/> ACCREDITATION VERIFIED	10. RECOMM. (RE-SURVEY DATE)	11. CONDITIONS OF PARTICIPATION WITH MAJOR DEFICIENCIES (Circle) (Complete when items 7b, 7c, or 7d are checked)	
		I II III IV V VI VII VIII IX X XI XII XIII XIV XV XVI XVII XVIII XIX XX XXI XXII XXIII XXIV XXV	
12. EVIDENCE AND REASONING (Include results of consultation)			

☐ CONT. ON ATTACHED SHEET

13. PREPARED BY	14. DATE	15. REVIEWED BY	16. DATE
TITLE		TITLE	

TO BE COMPLETED BY REGIONAL OFFICE

17. DETERMINATION OF ELIGIBILITY (a) <input type="checkbox"/> Facility is eligible to participate (b) <input type="checkbox"/> Facility is not eligible to participate		18. FACILITY IS IN COMPLIANCE WITH TITLE VI OF CIVIL RIGHTS ACT <input type="checkbox"/>
19. REGIONAL OFFICE REVIEW ACTION		
(a) <input type="checkbox"/> Approved SA Certification No change	(b) <input type="checkbox"/> Following consultation with SA, original certification of compliance changed to non-compliance	(c) <input type="checkbox"/> Following consultation with SA, original certification of non-compliance changed to compliance
20. REMARKS		

21. PHS REVIEWER (where applicable)	22. DATE	23. DETERMINATION APPROVED	24. DATE
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TO: BHI
Division of Methods and Procedures
Baltimore, Maryland 21235

Provisions of the Law

The health insurance program for the aged, commonly called Medicare, was enacted on July 30, 1965, as Title XVIII of the Social Security Act, and became effective on July 1, 1966. The program, a part of the 1965 amendments (Public Law 89-97), makes available two separate but coordinated insurance coverages—hospital insurance, covering nearly all persons aged 65 and over, and supplementary medical insurance, covering those persons in this age group who enroll voluntarily and pay the premium. Changes in the program effective in 1968 were incorporated in the 1967 amendments to the Social Security Act (Public Law 90-248).

Hospital Insurance Program

The hospital insurance program (Part A of Medicare) pays for a large portion of the costs of hospital and related post-hospital services. It is financed on a self supporting basis through a tax on a portion of current earnings, paid by employees, employers, and self-employed persons. The proceeds of this tax are placed in the Hospital Insurance Trust Fund, from which reimbursements for benefits and administrative expenses incurred under the program are paid. The trust fund is reimbursed from general tax revenues for the costs of providing coverage for persons who qualify for hospital insurance but who are not eligible for monthly social security or railroad retirement benefits.

BENEFITS

Inpatient hospital benefits.—The program covers the cost of covered services in a participating hospital for up to 90 days in a "benefit period" (a period beginning with the first day of hospitalization and ending 60 days after discharge from a hospital or a skilled nursing home). Of the 90 days, full payment is made for the first 60 days of hospitalization after a deductible of \$40 has been paid. For each of the remaining 30 days in the benefit period, the patient pays a coinsurance amount of \$10 a day. The program provides the same benefits for emergency services rendered in a nonparticipating hospital.

Inpatient tuberculosis and psychiatric hospital services are also covered. However, there is a lifetime limit of 190 days of care in a psychiatric hospital.

Where an individual is a patient in a tuberculosis or psychiatric hospital at the time he becomes entitled to hospital insurance, the number of days he was such an inpatient in the 90-day period immediately prior to his eligibility are counted against his 90 days of entitlement in that benefit period.

Covered hospital services include hospital room and board in accommodations containing from two to four beds, nursing services except for private-duty nursing, drugs and biologicals, and all those services ordinarily furnished by a hospital to its inpatients. Coverage under the hospital insurance program does not include the services of physicians (including radiologists, anesthesiologists, pathologists, and physiatrists) except for those services provided by interns or residents in training under approved teaching programs in a hospital.

The cost of the first three pints of blood furnished a patient during a benefit period is a deductible amount unless the patient arranges for replacement. Charges for any additional blood are covered under the program.

Outpatient hospital diagnostic benefits.—These benefits cover the cost of tests and related services that are ordinarily furnished by a participating hospital to its outpatients for the purpose of diagnostic study. Such services are covered subject to a \$20 deductible and 20-percent coinsurance for diagnostic services furnished the beneficiary by the same hospital during a 20-day period. The deductible may be applied towards the \$50 annual medical insurance deductible.

Post-hospital home health care benefits.—These benefits cover the cost of visiting nurse services and related home health services for as many as 100 visits in a year following the patient's discharge from a hospital or extended care facility, provided he has been confined for at least 3 consecutive days in a hospital. A home health plan must be developed by a physician and implemented within 14 days after the patient's discharge from the hospital or extended care facility.

Extended care facility benefits.—The program pays for the reasonable cost of all covered inpatient services in participating extended care facilities (ECF) for up to 100 days of such care in any benefit period, following discharge from a hospital after a stay of 3 consecutive days or more, and admission to an ECF within 14 days of discharge. Full payment is made for

the first 20 days. For each of the remaining 80 days, the patient pays a coinsurance of \$5 a day.

Supplementary Medical Insurance Program

The supplementary medical insurance program (Part B of Medicare) provides coverage of physicians' services, additional home health services, and a variety of other health services. Individuals 65 years of age and over may enroll in the program regardless of whether they are eligible for social security retirement benefits. The insured's monthly premiums are matched by the Federal Government and paid into the Supplementary Medical Insurance Trust Fund, which reimburses carriers for benefits and administrative expenses incurred under the program.

BENEFITS

The SMI program pays for 80 percent of the allowed charges for covered physician services and other medical services after the patient has met a deductible of \$50 during a calendar year. However, payment for outpatient psychiatric physician services is limited to the lesser of \$250 or 50 percent of the allowed charges in any year after the \$50 deductible has been met. The sum and percentage are derived from the statutory provision which permits an incurred expense for out-of-hospital treatment of mental illness of only \$312.50 or 62.5 percent of actual expenses in a calendar year. Since only 80 percent of allowed charges can be reimbursed, the effective maximum becomes \$250.

To preclude the possibility of having to meet a deductible twice in a short period of time, a "carry-over" provision is applied. Accordingly, covered expenses that are incurred in the last quarter of the year and counted toward the deductible in that year are also credited toward the deductible for the following year.

Covered under the program are such benefits as physicians' services, including home, hospital, and office visits; services and supplies, including drugs and biologicals that cannot be self-administered, that are furnished as a part of a physician's professional service, most commonly in his office, and either rendered without charge or included in the physician's bills; diagnostic X-ray tests, diagnostic laboratory tests, and other diagnostic tests; X-ray, radium, and radioactive isotope therapy, including materials and the services of technicians; surgical dressings, splints, casts, and other devices used for reduction of fractures and dislocations; rental of durable medical equipment, including iron lungs, oxygen tents, hospital beds, and wheelchairs used in the patient's home (including an institution used as his home); ambulance service in cases where the use of other methods of transportation is contraindicated by the individual's condition; prosthetic devices (other than dental) that replace all or part of an internal organ, including

replacement of such devices; leg, arm, back, and neck braces, and artificial legs, arms, eyes, including replacement if required because of a change in the patient's physical condition; and 100 home health visits during a calendar year—these visits being independent of those provided under the hospital insurance program.

Eligibility

The hospital insurance program.—Almost all persons aged 65 and over are eligible for benefits under the hospital insurance program. Included are those persons in this age group who are entitled to monthly social security cash benefits or payments from the railroad retirement system, regardless of whether they have applied for these cash benefits. A person could apply for hospital insurance protection even though he did not qualify for either social security cash benefits or a railroad retirement annuity if (1) he had attained age 65 by July 1, 1966, (2) he would become 65 years of age before 1968, or (3) he would attain age 65 after 1967 with not less than 3 quarters of social security coverage, whenever acquired, for each calendar year elapsing after 1965 and before the year in which he would attain age 65; however, hospital insurance protection could not go into effect until the individual attained age 65. These three classes of individuals were "deemed insured" under a special transitional provision.

Federal employees who retired from the Federal service after July 1, 1960, and who had the opportunity to be covered under the Federal Employees Health Benefits Act of 1959, are ineligible for hospital insurance benefits under the transitional provisions. Also ineligible are aliens with less than 5 years of continuous residence in the United States, and those persons convicted of crimes against the security of the United States.

Hospital insurance protection can be retroactive for as many as 12 months before the month an individual files his application for entitlement. For example, an individual may apply 11 months after he attains age 65 and still be entitled to benefits from the month he attained age 65.

Supplementary medical insurance.—Persons entitled to benefits under the hospital insurance program (Part A), retired Federal employees aged 65 or over, and persons not eligible for hospital insurance under the transitional provisions may voluntarily participate in the SMI program.

Enrollment.—An eligible person may enroll during the initial enrollment period, which begins with the third month preceding the one in which an individual attains age 65 and ends 3 months after the month of attainment, a total period of 7 months. If he enrolls during the 3 months prior to the month in which he attains age 65, his coverage is effective with the month in which he attains age 65; if he enrolls during the month he attains age 65, his coverage begins the following month; if he enrolls in any of the 3 months

after he attains age 65, his coverage begins from 2 to 3 months after enrollment, depending on how long he waited before enrolling.

A general enrollment period was set between October 1, 1967, and March 31, 1968, for those who did not enroll in the regular enrollment period, with comparable periods set to occur in every odd-numbered year from October through December. A person who enrolls during a general enrollment period may receive benefits starting on the first of July following the general enrollment period. An eligible individual must enroll within 3 years after the close of the first enrollment period in which he was entitled to enroll in order to become a beneficiary.

An initial general enrollment period was set up at the beginning of the program for people who had attained age 65 before March 1, 1966. This enrollment period began September 1, 1965, and ended on May 31, 1966, for coverage to begin with the initiation of the program on July 1, 1966.

A State may enroll otherwise eligible individuals who receive cash payments under public assistance programs if the State requests such a State-Federal enrollment agreement to be established and pays the necessary premiums.

Enrollment terminates with the beginning of the month following the month of death. In general, railroad retirement beneficiaries and individuals entitled to monthly cash social security benefits may terminate their enrollment voluntarily by notifying the Social Security Administration in writing during a general enrollment period of the desire to withdraw from the program. Other enrolled persons may terminate their coverage by withholding payment of premiums or by notifying the Social Security Administration in writing of the desire to withdraw from the program. An individual who previously has terminated his enrollment may re-enroll only in a general enrollment period beginning within 3 years of the date his previous enrollment had terminated. Re-enrollment, however, is allowed only once.

Financing the Program

Hospital Insurance.—The hospital insurance program is financed on a long-range, self-supporting basis through a separate schedule of increasing tax rates on the first \$6,600 of earnings in employment covered under the Social Security Act with the same rate for employees, employers, and self-employed persons. The earnings base was raised in 1963 to \$7,800. This rate was 0.35 percent in 1966, 0.50 percent for 1967, and is scheduled to increase until it is 0.90 percent in 1987 and thereafter. The proceeds of this tax and that collected from the railroad retirement system are placed in a Hospital Insurance Trust Fund¹ from which reimbursements for all benefits and administrative expenses incurred under the hospital in-

surance program are paid. The Hospital Insurance Trust Fund is reimbursed from general tax revenues for the costs of providing coverage for the almost 21½ million persons who qualify for hospital insurance but who are not entitled to monthly social security or railroad retirement benefits, that is, those “deemed insured.”

Supplementary Medical Insurance. Premiums are paid into the Federal Supplementary Medical Insurance Trust Fund² by those persons enrolled for supplementary medical insurance, (or on their behalf) and a matching amount is paid from general revenues by the Federal Government.

The premiums of persons receiving social security cash benefits, railroad retirement, or Federal civil service annuities are deducted from their monthly benefit checks. Persons not receiving monthly benefits are billed quarterly for premiums by the Social Security Administration or Railroad Retirement Board and have a 90-day grace period in which to make payment. Premiums may be paid for as long as a year in advance, and for individuals financially unable to make quarterly payments, arrangements can be made for monthly payments.

The premium rate of the supplementary medical insurance program may be adjusted annually if medical costs rise. The law requires that the rate be set at an amount that will generate income to the fund sufficient to cover benefit payments and administrative costs incurred during the year. The monthly premium was set at \$3 beginning with July 1966 and remained at this level until April 1968 when it was raised to \$4 per month.

States are permitted to enter into agreements with the Secretary, based on a request made before January 1, 1970, to buy in—that is, to pay the medical insurance premiums—for public assistance recipients aged 65 or over who were receiving money payments under an approved public assistance plan and for all aged persons eligible to receive medical assistance under an approved Title XIX plan.

Administration of the Program

Hospital Insurance.—Under the hospital insurance plan, groups or associations of providers, on behalf of their members, may nominate a national, State, or other public or private agency or organization to serve as intermediary in the claims process. A member of an association is free, however, to receive payment from an approved intermediary other than its association's nominee, if approved by the Secretary and agreeable to the intermediary selected. In addition, a provider may deal directly with the Social Security Administration.

¹ 1967 Annual Report of the Board of Trustees of the Federal Hospital Insurance Trust Fund, U.S. House of Representatives Document Number 64.

² The 1967 Annual Report of the Board of Trustees of the Federal Supplementary Medical Insurance Trust Fund, U.S. House of Representatives Document Number 66.

The Secretary may enter into an agreement with a nominated organization if he finds this to be consistent with effective and efficient administration of the hospital insurance program. The intermediary makes payments to providers for covered items and services on the basis of reasonable cost determinations and assists in the application of safeguards against unnecessary utilization of covered services. The agreement may also call for (1) furnishing consultative services to assist providers to establish and maintain necessary fiscal records and otherwise qualify as providers of services, (2) serving as a center for communicating with providers, and (3) making audits of provider records. Generally speaking, the Social Security Administration utilizes the services of the hospital insurance intermediary in making payments for home health and outpatient hospital services covered under the supplementary medical insurance program.

Payment may be made for a beneficiary for covered emergency inpatient hospital services where the hospital is not a participating facility and agrees not to charge the beneficiary for covered services. Such a hospital may be outside the United States if it is more accessible than the nearest hospital in the United States adequately equipped to treat the patient.

Requests for payment for covered services must be signed by the beneficiary (or someone for him, if he is unable to do so). Payments are made on the basis of reasonable costs for these services to participating providers of services, that is, hospitals, extended care facilities, and home health agencies, who have been certified for participation.

In some instances, hospitals may bill for physician services rendered to inpatients. In these cases, interim payment is made from the HI trust fund. Subsequently, funds are transferred from the SMI trust fund to the HI trust fund to cover the cost of these services.

The intermediary selected by the provider reviews the claims for payment and pays the provider. Actual payment is made on the basis of an interim rate established between the provider and the intermediary. Final settlement for each provider's operating year is made on the basis of a cost report submitted by the provider, and subject to an independent audit.

No payments can be made to Federal providers of services except for emergency services, unless this provider serves as a community institution. In addition, payment cannot be made to a provider for those services it is obligated to render at public expense under Federal law or contract.

Supplementary Medical Insurance.—Under the medical insurance program, the Secretary of Health, Education, and Welfare may enter into contracts with carriers for the performance of specified administrative functions. The carriers' principal function is to

determine whether charges are allowable (reasonable) and to make payments.

The carrier selected by the Secretary of Health, Education, and Welfare to serve as an intermediary determines the allowed charges for bills submitted for each medical care service covered by the program and pays 80 percent of this amount after the \$50 deductible has been met.

The allowed charge for the service may be paid to the patient, or the patient may assign the bill for collection to the physician or other supplier of the service if he is willing to accept assignment. In the former situation, the patient first pays the bill and submits the receipted bill to the carrier and is reimbursed, and, in the latter, the physician or other supplier submits the bill and is reimbursed. When the payment is made directly to the physician (or supplier) on assignment, the allowed charge determined by the carrier is the total charge. In both situations, the patient is responsible for the first \$50 of the charges for covered services he receives during the year and the amount of the bill over 80 percent of the allowed charges.

The law instructs the carrier to consider the following criteria in determining the "allowed" charge:

- (1) the customary charge for the service generally made by the physician or other person furnishing such services; and

- (2) the prevailing charge in the locality by other physicians and suppliers for similar services.

The law also specifies that the "allowed" or reasonable charge cannot be higher than the charge applicable for a similar service rendered under comparable circumstances to the carriers' own policy holders or subscribers.

Carriers also have the authority and responsibility to determine, in a given case, whether a claim is for a covered service and to deny claims for noncovered or excluded items or services. In addition, carriers are to assist in the application of safeguards against the furnishing of unnecessary services to eligible individuals.

Most services covered by the medical insurance program are rendered on a fee-for-service basis. However, services furnished under group practice prepayment plans are normally rendered in return for predetermined premium payments. In recognition of the need for special adaptation of the Medicare payment procedures for services rendered by group practice prepayment plans, the law provides that an organization which furnishes medical and other health services (or arranges for their availability) on a prepayment basis, may elect to be paid 80 percent of the reasonable cost of services in lieu of 80 percent of the allowed charge for such services.

General Tables

Notes

Independent laboratory.—See page ix.

Type of procedure.—See page x.

Technical staff.—Includes all technical personnel other than laboratory directors. Figures are expressed in full-time equivalents.

Geographic classification.—Based on the address of the laboratory.

All areas: Consists of the United States, Guam, Puerto Rico, Virgin Islands, and other outlying areas.

United States: Consists of the 50 States, and the District of Columbia.

Other outlying areas: Consists of American Samoa, the Canal Zone, Canton Island, Caroline Islands, Mariana Islands, Marshall Islands, Midway Islands, and Wake Island.

Symbols

Quantity zero	-----	—
Quantity more than 0 but less than 0.05	-----	0.0

Table 3.3.1 NUMBER OF INDEPENDENT LABORATORIES, BY TRAINING OF LABORATORY DIRECTOR, AND TECHNICAL STAFF, REGION, DIVISION, AND STATE

[See NOTES preceding General Tables]

Region, division, and State	Total laboratories		Training of laboratory director			Technical staff			
	Number	Percent	Pathologist	Other physician	Non-physician	Total number ¹	Average per laboratory	Physician	Non-physician
Total	2 669	100.0	958	697	1 014	11 671.2	4.4	1 937.7	9 733.5
United States	2 616	98.0	952	687	977	11 527.3	4.4	1 908.7	9 618.6
REGIONS									
Northeastern States	675	25.3	171	91	413	2 522.8	3.7	257.5	2 265.3
North Central States	526	19.7	207	122	197	2 520.5	4.8	391.3	2 129.3
South	548	20.5	233	165	150	2 994.7	5.5	601.9	2 392.8
West	867	32.5	341	309	217	3 489.3	4.0	658.0	2 831.3
DIVISIONS									
The Northeastern States:									
New England	168	6.3	27	24	117	557.3	3.3	95.0	462.3
Middle Atlantic	507	19.0	144	67	296	1 965.6	3.9	162.6	1 803.0
The North Central States:									
East North Central	383	14.3	115	97	171	1 495.8	3.9	186.3	1 309.5
West North Central	143	5.4	92	25	26	1 024.8	7.2	205.0	819.8
The South:									
South Atlantic	212	7.9	87	50	75	1 178.3	5.6	218.3	960.0
East South Central	70	2.6	37	20	13	400.1	5.7	68.0	332.1
West South Central	266	10.0	109	95	62	1 416.2	5.3	315.6	1 100.6
The West:									
Mountain	145	5.4	64	30	51	552.1	3.8	115.0	437.1
Pacific	722	27.1	277	279	166	2 937.2	4.1	543.0	2 394.2
STATES									
New England:									
Maine	2	0.1	-	1	1	4.0	2.0	-	4.0
New Hampshire	1	0.0	-	-	1	5.0	5.0	1.0	4.0
Vermont	4	0.1	-	2	2	8.0	2.0	3.0	5.0
Massachusetts	90	3.4	18	16	56	255.2	2.8	35.0	220.3
Rhode Island	19	0.7	1	2	16	47.2	2.5	4.0	43.2
Connecticut	52	1.9	8	3	41	237.9	4.6	52.0	185.9
Middle Atlantic:									
New York	257	9.6	85	35	137	1 305.7	5.1	113.3	1 192.4
New Jersey	125	4.7	24	20	81	255.9	2.0	20.3	235.6
Pennsylvania	125	4.7	35	12	78	404.0	3.2	29.0	375.0
East North Central:									
Ohio	104	3.9	26	31	47	360.9	3.5	22.0	338.9
Indiana	32	1.2	20	5	7	156.0	4.9	5.0	151.0
Illinois	156	5.8	31	46	79	478.4	3.1	77.8	400.7
Michigan	74	2.8	24	14	36	341.5	4.6	42.5	299.0
Wisconsin	17	0.6	14	1	2	159.0	9.4	39.0	120.0
West North Central:									
Minnesota	11	0.4	8	3	-	77.0	7.0	33.0	44.0
Iowa	16	0.6	12	2	2	115.5	7.2	19.0	96.5
Missouri	58	2.2	35	8	15	374.5	6.5	64.8	309.8
North Dakota	9	0.3	6	3	-	80.0	8.9	11.0	69.0
South Dakota	4	0.1	4	-	-	35.0	8.8	8.0	27.0
Nebraska	19	0.7	15	2	2	226.5	11.9	48.0	178.5
Kansas	26	1.0	12	7	7	116.3	4.5	21.3	95.0
South Atlantic:									
Delaware	4	0.1	3	-	1	34.5	8.6	23.0	11.5
Maryland	33	1.2	16	9	8	201.2	6.1	27.5	173.7
District of Columbia	5	0.2	4	1	-	82.0	16.4	11.0	71.0
Virginia	23	0.9	17	1	5	118.7	5.2	23.0	95.7
West Virginia	7	0.3	1	3	3	14.2	2.0	2.3	11.9
North Carolina	10	0.4	5	5	-	39.3	3.9	3.0	36.3
South Carolina	4	0.1	3	1	-	20.0	5.0	5.0	15.0
Georgia	19	0.7	16	3	-	180.3	9.5	18.0	162.3
Florida	107	4.0	22	27	58	488.1	4.6	135.5	352.6
East South Central:									
Kentucky	28	1.0	11	14	3	88.6	3.2	24.0	64.6
Tennessee	23	0.9	11	3	9	123.0	5.3	14.0	109.0
Alabama	12	0.4	11	1	-	147.0	12.3	27.0	120.0
Mississippi	7	0.3	4	2	1	41.5	5.9	3.0	38.5
West South Central:									
Arkansas	14	0.5	8	6	-	125.0	8.9	30.0	95.0
Louisiana	20	0.7	10	9	1	138.0	6.9	29.0	109.0
Oklahoma	35	1.3	13	11	11	172.2	4.9	57.0	115.2
Texas	197	7.4	78	69	50	981.1	5.0	199.6	781.5
Mountain:									
Montana	8	0.3	4	2	2	34.6	4.3	2.0	32.6
Idaho	1	0.0	1	-	-	9.0	9.0	4.0	5.0
Wyoming	3	0.1	3	-	-	20.0	6.7	8.0	12.0
Colorado	32	1.2	12	3	17	128.0	4.0	24.0	104.0
New Mexico	23	0.9	7	9	7	79.5	3.5	7.0	72.5
Arizona	53	2.0	24	10	19	198.0	3.7	45.0	153.0
Utah	12	0.4	5	2	5	42.0	3.5	9.0	33.0
Nevada	13	0.5	8	4	1	41.0	3.2	16.0	25.0
Pacific:									
Washington	64	2.4	37	12	15	274.0	4.3	28.0	246.0
Oregon	32	1.2	21	2	9	224.5	7.0	15.0	209.5
California	606	22.7	210	255	141	2 337.2	3.9	479.0	1 858.2
Alaska	2	0.1	1	1	-	21.0	10.5	3.0	18.0
Hawaii	18	0.7	8	9	1	80.5	4.5	18.0	62.5
Outlying areas:									
Guam	-	-	-	-	-	-	-	-	-
Puerto Rico	52	1.9	5	10	37	141.9	2.7	28.0	113.9
Virgin Islands	1	0.0	1	-	-	2.0	2.0	1.0	1.0
Other outlying areas	-	-	-	-	-	-	-	-	-

¹ Includes all technical personnel other than directors-expressed in full-time equivalents.

Table 3.3.2 NUMBER OF INDEPENDENT LABORATORIES, BY TYPE OF PROCEDURE APPROVED, TRAINING OF LABORATORY DIRECTOR AND TECHNICAL STAFF, REGION, DIVISION, AND STATE

[See NOTES preceding General Tables]

Region, division, State, and type of procedure	Total laboratories		Training of laboratory director			Technical staff			
	Number	Percent	Pathologist	Other physician	Non-physician	Total number	Average per laboratory	Physician	Non-physician
ALL AREAS									
All laboratories	2 669	100.0	958	697	1 014	11 671.2	4.4	1 937.7	9 733.5
Microbiology	2 130	79.8	795	546	789	10 242.0	4.8	1 713.2	8 528.8
Serology	1 703	63.8	761	347	595	8 572.0	5.0	1 387.5	7 184.5
Clinical chemistry	2 470	92.5	851	657	962	11 085.6	4.5	1 831.4	9 254.2
Hematology	2 482	93.0	863	653	966	11 059.0	4.5	1 831.6	9 227.4
Immunohematology	1 438	53.9	778	384	276	8 385.2	5.8	1 432.6	6 952.6
Tissue pathology	844	31.6	759	59	26	6 101.6	7.2	1 053.5	5 048.2
Exfoliative cytology	917	34.4	800	82	35	6 381.6	7.0	1 115.1	5 266.5
All procedures	724	27.1	656	48	20	5 657.7	7.8	984.5	4 673.2
UNITED STATES									
All laboratories	2 616	100.0	952	687	977	11 527.3	4.4	1 908.7	9 618.6
Microbiology	2 084	79.7	794	536	754	10 105.6	4.8	1 687.2	8 418.5
Serology	1 697	64.9	763	347	590	8 563.0	5.0	1 386.5	7 176.5
Clinical chemistry	2 422	92.6	850	647	925	10 949.2	4.5	1 805.4	9 143.8
Hematology	2 437	93.2	862	643	932	10 929.6	4.5	1 805.6	9 124.0
Immunohematology	1 433	54.8	777	380	276	8 360.2	5.8	1 425.6	6 934.6
Tissue pathology	838	32.0	753	59	26	6 092.1	7.3	1 049.5	5 042.7
Exfoliative cytology	910	34.8	794	82	34	6 365.1	7.0	1 138.1	5 257.0
All procedures	723	27.6	655	48	20	5 655.7	7.8	983.5	4 672.2
NORTHEASTERN STATES									
All laboratories	675	100.0	171	91	413	2 522.8	3.7	257.5	2 265.3
Microbiology	460	68.1	126	54	280	2 070.0	4.5	193.8	1 876.2
Serology	440	65.2	123	43	274	1 833.8	4.2	186.2	1 647.6
Clinical chemistry	616	91.3	141	83	392	2 314.7	3.8	232.5	2 082.2
Hematology	621	92.0	146	81	394	2 306.8	3.7	231.5	2 075.3
Immunohematology	270	40.0	117	37	116	1 437.9	5.3	152.8	1 275.1
Tissue pathology	134	19.9	122	6	6	1 059.6	7.9	138.5	921.1
Exfoliative cytology	158	23.4	136	10	12	1 115.1	7.1	157.5	957.6
All procedures	95	14.1	89	2	4	848.4	8.9	117.5	730.9
NORTH CENTRAL STATES									
All laboratories	526	100.0	207	122	197	2 520.5	4.8	391.3	2 129.3
Microbiology	401	76.2	183	70	148	2 201.5	5.5	337.3	1 864.2
Serology	421	80.0	188	78	155	2 258.9	5.4	325.8	1 933.1
Clinical chemistry	485	92.2	191	114	180	2 418.5	5.0	366.8	2 051.8
Hematology	488	92.8	193	112	183	2 426.0	5.0	365.8	2 060.3
Immunohematology	297	56.5	189	64	44	1 964.6	6.6	308.0	1 656.6
Tissue pathology	209	39.7	192	11	6	1 671.3	8.0	245.0	1 426.3
Exfoliative cytology	226	43.0	199	18	9	1 724.3	7.6	256.0	1 468.3
All procedures	189	35.9	176	9	4	1 575.8	8.3	222.0	1 353.8
SOUTH									
All laboratories	548	100.0	233	165	150	2 994.7	5.5	601.9	2 392.8
Microbiology	474	86.5	207	141	126	2 766.9	5.8	561.9	2 205.0
Serology	283	51.6	199	49	35	2 095.3	7.4	424.8	1 670.6
Clinical chemistry	510	93.1	212	154	144	2 894.7	5.7	581.9	2 312.8
Hematology	516	94.2	216	154	146	2 937.4	5.6	586.9	2 320.5
Immunohematology	310	56.6	207	77	26	2 317.9	7.5	474.4	1 843.5
Tissue pathology	237	43.2	202	27	8	1 959.4	8.3	397.8	1 561.7
Exfoliative cytology	251	45.8	213	31	7	2 019.9	8.0	412.4	1 607.5
All procedures	217	39.6	188	23	6	1 903.2	8.8	386.8	1 516.4
WEST									
All laboratories	867	100.0	341	309	217	3 489.3	4.0	658.0	2 831.3
Microbiology	749	86.4	278	271	200	3 067.3	4.1	594.2	2 473.1
Serology	553	63.8	250	177	126	2 375.0	4.3	449.7	1 925.2
Clinical chemistry	811	93.5	306	296	209	3 321.3	4.1	624.2	2 697.1
Hematology	812	93.7	307	296	209	3 289.4	4.1	621.5	2 667.9
Immunohematology	556	64.1	264	202	90	2 639.8	4.7	480.3	2 159.5
Tissue pathology	258	29.8	237	15	6	1 401.8	5.4	268.2	1 133.6
Exfoliative cytology	275	31.7	246	23	6	1 505.8	5.5	282.2	1 223.6
All procedures	222	25.6	202	14	6	1 328.3	6.0	257.2	1 071.1
NEW ENGLAND									
All laboratories	168	100.0	27	24	117	557.3	3.3	95.0	462.3
Microbiology	113	67.3	19	12	82	460.8	4.1	77.3	383.5
Serology	97	57.7	19	8	70	397.7	4.1	74.0	323.8
Clinical chemistry	162	96.4	25	23	114	549.3	3.4	92.0	457.3
Hematology	161	95.8	26	22	113	543.3	3.4	93.0	450.3
Immunohematology	76	45.2	21	11	44	355.6	4.7	71.3	284.3
Tissue pathology	17	10.1	16	-	1	199.5	11.7	53.3	146.2
Exfoliative cytology	27	16.1	20	1	6	236.0	8.7	61.3	174.7
All procedures	14	8.3	13	-	1	194.5	13.9	52.3	142.2
MIDDLE ATLANTIC									
All laboratories	507	100.0	144	67	296	1 965.6	3.9	162.6	1 803.0
Microbiology	347	68.4	107	42	198	1 609.3	4.6	116.6	1 492.7
Serology	343	67.7	104	35	204	1 436.1	4.2	112.3	1 323.8
Clinical chemistry	454	89.5	116	60	278	1 765.5	3.9	140.6	1 624.9
Hematology	460	90.7	120	59	281	1 763.6	3.8	138.6	1 625.0
Immunohematology	194	38.3	96	26	72	1 082.4	5.6	91.6	990.8
Tissue pathology	117	23.1	106	6	5	860.1	7.4	85.3	774.9
Exfoliative cytology	131	25.8	116	9	6	879.1	6.7	96.3	782.9
All procedures	81	16.0	76	2	3	654.0	8.1	65.3	588.7

* Includes all technical personnel other than directors-expressed in full-time equivalents.

Table 3.3.2 NUMBER OF INDEPENDENT LABORATORIES, BY TYPE OF PROCEDURE APPROVED, TRAINING OF LABORATORY DIRECTOR AND TECHNICAL STAFF, REGION, DIVISION, AND STATE—Con.

[See NOTES preceding General Tables]

Region, division, State, and type of procedure	Total laboratories		Training of laboratory director			Technical staff			
	Number	Percent	Pathologist	Other physician	Non-physician	Total number ¹	Average per laboratory	Physician	Non-physician
EAST NORTH CENTRAL									
All laboratories	383	100.0	115	97	171	1 495.8	3.9	186.3	1 309.5
Microbiology	274	71.5	95	52	126	1 234.7	4.5	148.3	1 086.4
Serology	318	83.0	100	71	147	1 361.1	4.3	158.8	1 202.4
Clinical chemistry	351	91.6	102	93	156	1 416.3	4.0	167.8	1 248.5
Hematology	355	92.7	103	93	159	1 441.3	4.1	170.8	1 270.5
Immunohematology	191	49.9	103	52	39	1 034.8	5.4	125.0	909.8
Tissue pathology	116	30.3	101	9	6	795.1	6.9	78.0	717.1
Exfoliative cytology	129	33.7	108	13	8	839.6	6.5	90.0	749.6
All procedures	100	26.1	89	7	4	715.6	7.2	62.0	653.6
WEST NORTH CENTRAL									
All laboratories	143	100.0	92	25	26	1 024.8	7.2	205.0	819.8
Microbiology	127	88.8	87	18	22	966.8	7.6	189.0	777.8
Serology	103	72.0	88	7	8	897.8	8.7	167.0	730.8
Clinical chemistry	134	93.7	89	21	24	1 002.3	7.5	199.0	803.3
Hematology	133	93.0	90	19	24	984.8	7.4	195.0	789.8
Immunohematology	106	74.1	89	12	5	929.8	8.8	183.0	746.8
Tissue pathology	93	65.0	91	2	-	876.3	9.4	167.0	709.3
Exfoliative cytology	97	67.8	91	5	1	884.8	9.1	166.0	718.8
All procedures	89	62.2	87	2	-	860.3	9.7	160.0	700.3
SOUTH ATLANTIC									
All laboratories	212	100.0	87	50	75	1 178.3	5.6	218.3	960.0
Microbiology	173	81.6	73	37	63	1 036.3	6.0	194.3	842.0
Serology	100	47.2	72	15	13	751.9	7.5	156.8	595.1
Clinical chemistry	195	92.0	78	44	73	1 139.1	5.8	211.3	927.8
Hematology	197	92.9	79	45	73	1 145.1	5.8	213.3	931.8
Immunohematology	101	47.6	74	14	13	825.0	8.2	165.8	659.2
Tissue pathology	81	38.2	70	6	5	697.7	8.6	147.8	549.9
Exfoliative cytology	90	42.5	79	7	4	739.0	8.2	159.8	579.3
All procedures	72	34.0	65	4	3	681.7	9.5	144.8	536.9
EAST SOUTH CENTRAL									
All laboratories	70	100.0	37	20	13	400.1	5.7	68.0	332.1
Microbiology	58	82.9	31	18	9	356.1	6.1	63.0	293.1
Serology	46	65.7	31	4	11	325.1	7.1	52.0	273.1
Clinical chemistry	63	90.0	31	19	13	367.1	5.8	63.0	304.1
Hematology	64	91.4	33	19	12	368.1	5.8	64.0	304.1
Immunohematology	35	50.0	32	2	1	312.1	8.9	52.0	260.1
Tissue pathology	37	52.9	33	3	1	331.1	8.9	53.0	278.1
Exfoliative cytology	37	52.9	34	2	1	330.1	8.9	53.0	277.1
All procedures	32	45.7	29	2	1	301.1	9.4	48.0	253.1
WEST SOUTH CENTRAL									
All laboratories	266	100.0	109	95	62	1 416.2	5.3	315.6	1 100.6
Microbiology	243	91.4	103	86	54	1 374.5	5.7	304.6	1 069.9
Serology	137	51.5	96	30	11	1 018.3	7.4	216.0	802.3
Clinical chemistry	252	94.7	103	91	58	1 388.5	5.5	307.6	1 080.9
Hematology	255	95.9	104	90	61	1 394.2	5.5	309.6	1 084.6
Immunohematology	174	65.4	101	61	12	1 180.8	6.8	256.6	924.2
Tissue pathology	119	44.7	99	18	2	930.6	7.8	197.0	733.6
Exfoliative cytology	124	46.6	100	22	2	950.7	7.7	199.6	751.1
All procedures	113	42.5	94	17	2	920.3	8.1	194.0	726.3
MOUNTAIN									
All laboratories	145	100.0	64	30	51	552.1	3.8	115.0	437.1
Microbiology	119	82.1	55	20	44	480.6	4.0	92.0	388.6
Serology	85	58.6	52	14	19	428.9	5.0	86.0	342.9
Clinical chemistry	131	90.3	58	28	45	508.1	3.9	96.0	412.1
Hematology	132	91.0	58	27	47	509.1	3.9	97.0	412.1
Immunohematology	80	55.2	55	12	13	433.9	5.4	89.0	344.9
Tissue pathology	57	39.3	52	3	2	364.9	6.4	77.0	287.9
Exfoliative cytology	59	40.7	53	4	2	378.4	6.4	82.0	296.4
All procedures	54	37.2	49	3	2	358.9	6.6	75.0	283.9
PACIFIC									
All laboratories	722	100.0	277	279	166	2 937.2	4.1	543.0	2 394.2
Microbiology	630	87.3	223	251	156	2 586.7	4.1	502.2	2 084.5
Serology	468	64.8	198	163	107	1 946.1	4.2	363.7	1 582.3
Clinical chemistry	680	94.2	248	268	164	2 813.2	4.1	528.2	2 285.0
Hematology	680	94.2	249	269	162	2 780.3	4.1	524.5	2 255.8
Immunohematology	476	65.9	209	190	77	2 205.9	4.6	391.3	1 814.6
Tissue pathology	201	27.8	185	12	4	1 036.9	5.2	191.2	845.7
Exfoliative cytology	216	29.9	193	19	4	1 127.4	5.2	200.2	927.2
All procedures	168	23.3	153	11	4	969.4	5.8	182.2	787.2
ALABAMA									
All laboratories	12	100.0	11	1	-	147.0	12.3	27.0	120.0
Microbiology	11	91.7	10	1	-	144.0	13.1	26.0	118.0
Serology	10	83.3	10	-	-	143.0	14.3	26.0	117.0
Clinical chemistry	11	91.7	10	1	-	144.0	13.1	26.0	118.0
Hematology	12	100.0	11	1	-	147.0	12.3	27.0	120.0
Immunohematology	10	83.3	10	-	-	143.0	14.3	26.0	117.0
Tissue pathology	11	91.7	11	-	-	146.0	13.3	27.0	119.0
Exfoliative cytology	11	91.7	11	-	-	146.0	13.3	27.0	119.0
All procedures	10	83.3	10	-	-	143.0	14.3	26.0	117.0

¹ Includes all technical personnel other than directors—expressed in full-time equivalents.

Table 3.3.2 NUMBER OF INDEPENDENT LABORATORIES, BY TYPE OF PROCEDURE APPROVED, TRAINING OF LABORATORY DIRECTOR AND TECHNICAL STAFF, REGION, DIVISION, AND STATE—Con.

[See NOTES preceding General Tables]

Region, division, State, and type of procedure	Total laboratories		Training of laboratory director			Technical staff			
	Number	Percent	Pathologist	Other physician	Non-physician	Total number ¹	Average per laboratory	Physician	Non-physician
ALASKA									
All laboratories	2	100.0	1	1	-	21.0	10.5	3.0	18.0
Microbiology	2	100.0	1	1	-	21.0	10.5	3.0	18.0
Serology	2	100.0	1	1	-	21.0	10.5	3.0	18.0
Clinical chemistry	2	100.0	1	1	-	21.0	10.5	3.0	18.0
Hematology	2	100.0	1	1	-	21.0	10.5	3.0	18.0
Immunohematology	2	100.0	1	1	-	21.0	10.5	3.0	18.0
Tissue pathology	2	100.0	1	1	-	21.0	10.5	3.0	18.0
Exfoliative cytology	2	100.0	1	1	-	21.0	10.5	3.0	18.0
All procedures	2	100.0	1	1	-	21.0	10.5	3.0	18.0
ARIZONA									
All laboratories	53	100.0	24	10	19	198.0	3.7	45.0	153.0
Microbiology	47	88.7	23	7	17	184.0	3.9	43.0	141.0
Serology	47	88.7	22	9	16	188.0	4.0	42.0	146.0
Clinical chemistry	50	94.3	22	10	18	190.0	3.8	41.0	149.0
Hematology	49	92.5	22	10	17	190.0	3.9	41.0	149.0
Immunohematology	34	64.2	21	6	7	160.0	4.7	35.0	125.0
Tissue pathology	21	39.6	20	1	-	130.0	6.2	35.0	95.0
Exfoliative cytology	22	41.5	21	1	-	137.0	6.2	36.0	101.0
All procedures	20	37.7	19	1	-	127.0	6.4	33.0	94.0
ARKANSAS									
All laboratories	14	100.0	8	6	-	125.0	8.9	30.0	95.0
Microbiology	14	100.0	8	6	-	125.0	8.9	30.0	95.0
Serology	14	100.0	8	6	-	125.0	8.9	30.0	95.0
Clinical chemistry	14	100.0	8	6	-	125.0	8.9	30.0	95.0
Hematology	13	92.9	8	5	-	117.0	9.0	27.0	90.0
Immunohematology	12	85.7	8	4	-	114.0	9.5	27.0	87.0
Tissue pathology	12	85.7	8	4	-	114.0	9.5	27.0	87.0
Exfoliative cytology	12	85.7	8	4	-	114.0	9.5	27.0	87.0
All procedures	12	85.7	8	4	-	114.0	9.5	27.0	87.0
CALIFORNIA									
All laboratories	606	100.0	210	255	141	2 337.2	3.9	479.0	1 858.2
Microbiology	539	88.9	171	233	135	2 159.7	4.0	449.2	1 710.5
Serology	384	63.4	147	151	86	1 501.6	3.9	315.7	1 185.8
Clinical chemistry	576	95.0	189	247	140	2 267.2	3.9	466.2	1 801.0
Hematology	572	94.4	187	248	137	2 247.3	3.9	464.5	1 782.8
Immunohematology	403	66.5	160	177	66	1 773.4	4.4	350.3	1 423.1
Tissue pathology	149	24.6	136	10	3	770.4	5.2	155.2	615.2
Exfoliative cytology	157	25.9	140	14	3	793.9	5.1	163.2	630.7
All procedures	125	20.6	113	9	3	726.9	5.8	148.2	578.7
COLORADO									
All laboratories	32	100.0	12	3	17	128.0	4.0	24.0	104.0
Microbiology	29	90.6	12	1	16	120.0	4.1	23.0	97.0
Serology	12	37.5	12	-	-	94.3	7.9	20.0	74.3
Clinical chemistry	29	90.6	12	3	14	121.0	4.2	23.0	98.0
Hematology	30	93.8	12	2	16	121.0	4.0	23.0	98.0
Immunohematology	14	43.8	12	1	1	97.8	7.0	22.0	75.8
Tissue pathology	12	37.5	12	-	-	94.3	7.9	20.0	74.3
Exfoliative cytology	12	37.5	12	-	-	94.3	7.9	20.0	74.3
All procedures	12	37.5	12	-	-	94.3	7.9	20.0	74.3
CONNECTICUT									
All laboratories	52	100.0	8	3	41	237.9	4.6	52.0	185.9
Microbiology	39	75.0	6	3	30	222.9	5.7	50.0	172.9
Serology	48	92.3	7	2	39	231.9	4.8	51.0	180.9
Clinical chemistry	52	100.0	8	3	41	237.9	4.6	52.0	185.9
Hematology	52	100.0	8	3	41	237.9	4.6	52.0	185.9
Immunohematology	10	19.2	7	3	-	147.5	14.8	47.0	100.5
Tissue pathology	4	7.7	4	-	-	127.0	31.8	44.0	83.0
Exfoliative cytology	9	17.3	7	-	2	150.5	16.7	47.0	103.5
All procedures	2	3.8	2	-	-	126.0	63.0	44.0	82.0
DELAWARE									
All laboratories	4	100.0	3	-	1	34.5	8.6	23.0	11.5
Microbiology	4	100.0	3	-	1	34.5	8.6	23.0	11.5
Serology	4	100.0	3	-	1	34.5	8.6	23.0	11.5
Clinical chemistry	4	100.0	3	-	1	34.5	8.6	23.0	11.5
Hematology	4	100.0	3	-	1	34.5	8.6	23.0	11.5
Immunohematology	4	100.0	3	-	1	34.5	8.6	23.0	11.5
Tissue pathology	3	75.0	3	-	-	33.0	11.0	23.0	10.0
Exfoliative cytology	3	75.0	3	-	-	33.0	11.0	23.0	10.0
All procedures	3	75.0	3	-	-	33.0	11.0	23.0	10.0
DISTRICT OF COLUMBIA									
All laboratories	5	100.0	4	1	-	82.0	16.4	11.0	71.0
Microbiology	4	80.0	4	-	-	78.0	19.5	11.0	67.0
Serology	4	80.0	4	-	-	78.0	19.5	11.0	67.0
Clinical chemistry	4	80.0	4	-	-	78.0	19.5	11.0	67.0
Hematology	4	80.0	4	-	-	78.0	19.5	11.0	67.0
Immunohematology	4	80.0	4	-	-	78.0	19.5	11.0	67.0
Tissue pathology	4	80.0	4	-	-	78.0	19.5	11.0	67.0
Exfoliative cytology	5	100.0	4	1	-	82.0	16.4	11.0	71.0
All procedures	4	80.0	4	-	-	78.0	19.5	11.0	67.0

¹ Includes all technical personnel other than directors—expressed in full-time equivalents.

Table 3.3.2 NUMBER OF INDEPENDENT LABORATORIES, BY TYPE OF PROCEDURE APPROVED, TRAINING OF LABORATORY DIRECTOR AND TECHNICAL STAFF, REGION, DIVISION, AND STATE—Con.

[See NOTES preceding General Tables]

Region, division, State, and type of procedure	Total laboratories		Training of laboratory director			Technical staff			
	Number	Percent	Pathologist	Other physician	Non-physician	Total number ¹	Average per laboratory	Physician	Non-physician
FLORIDA									
All laboratories	107	100.0	22	27	58	488.1	4.6	105.5	382.6
Microbiology	93	86.9	21	21	51	457.6	4.9	97.5	360.1
Serology	24	22.4	18	3	3	207.8	8.7	60.0	147.8
Clinical chemistry	104	97.2	22	25	57	483.1	4.6	103.5	379.6
Hematology	104	97.2	22	25	57	483.1	4.6	103.5	379.6
Immunohematology	21	19.6	19	1	1	208.8	9.9	61.0	147.8
Tissue pathology	22	20.6	17	3	2	206.8	9.4	60.0	146.8
Exfoliative cytology	20	18.7	18	1	1	206.4	10.3	61.0	145.4
All procedures	19	17.8	17	1	1	200.8	10.6	58.0	142.8
GEORGIA									
All laboratories	19	100.0	16	3	-	180.3	9.5	18.0	162.3
Microbiology	17	89.5	14	3	-	175.3	10.3	18.0	157.3
Serology	15	78.9	14	1	-	170.0	11.3	18.0	152.0
Clinical chemistry	17	89.5	14	3	-	175.3	10.3	18.0	157.3
Hematology	17	89.5	14	3	-	175.3	10.3	18.0	157.3
Immunohematology	17	89.5	14	3	-	175.3	10.3	18.0	157.3
Tissue pathology	16	84.2	15	1	-	173.0	10.8	18.0	155.0
Exfoliative cytology	17	89.5	16	1	-	175.0	10.3	18.0	157.0
All procedures	15	78.9	14	1	-	170.0	11.3	18.0	152.0
HAWAII									
All laboratories	18	100.0	8	9	1	80.5	4.5	18.0	62.5
Microbiology	11	61.1	4	6	1	55.5	5.0	12.0	43.5
Serology	13	72.2	7	5	1	66.5	5.1	15.0	51.5
Clinical chemistry	17	94.4	9	8	1	78.5	4.6	18.0	60.5
Hematology	17	94.4	8	8	1	78.5	4.6	18.0	60.5
Immunohematology	7	38.9	4	3	-	44.5	6.4	7.0	37.5
Tissue pathology	3	16.7	3	-	-	33.5	11.2	4.0	29.5
Exfoliative cytology	6	33.3	5	1	-	38.5	6.4	5.0	33.5
All procedures	3	16.7	3	-	-	33.5	11.2	4.0	29.5
IDAHO									
All laboratories	1	100.0	1	-	-	9.0	9.0	4.0	5.0
Microbiology	-	-	-	-	-	-	-	-	-
Serology	-	-	-	-	-	-	-	-	-
Clinical chemistry	1	100.0	1	-	-	9.0	9.0	4.0	5.0
Hematology	-	-	-	-	-	-	-	-	-
Immunohematology	-	-	-	-	-	-	-	-	-
Tissue pathology	-	-	-	-	-	-	-	-	-
Exfoliative cytology	-	-	-	-	-	-	-	-	-
All procedures	-	-	-	-	-	-	-	-	-
ILLINOIS									
All laboratories	156	100.0	31	46	79	478.4	3.1	77.8	400.7
Microbiology	108	69.2	26	24	58	381.4	3.5	63.8	317.7
Serology	120	76.9	25	26	69	417.0	3.5	66.8	350.3
Clinical chemistry	140	89.7	26	44	70	440.4	3.1	72.8	367.7
Hematology	143	91.7	27	45	71	466.4	3.3	75.8	390.7
Immunohematology	79	50.6	23	28	28	318.5	4.0	43.0	275.5
Tissue pathology	31	19.9	25	4	2	168.5	5.4	13.0	155.5
Exfoliative cytology	36	23.1	28	5	3	176.5	4.9	15.0	161.5
All procedures	27	17.3	22	3	2	158.5	5.9	10.0	148.5
INDIANA									
All laboratories	32	100.0	20	5	7	156.0	4.9	5.0	151.0
Microbiology	25	78.1	19	4	2	153.0	6.1	5.0	148.0
Serology	31	96.9	19	5	7	156.0	5.0	5.0	151.0
Clinical chemistry	31	96.9	19	5	7	156.0	5.0	5.0	151.0
Hematology	31	96.9	19	5	7	156.0	5.0	5.0	151.0
Immunohematology	30	93.8	19	5	6	154.0	5.1	5.0	149.0
Tissue pathology	22	68.8	20	2	-	150.0	6.8	5.0	145.0
Exfoliative cytology	23	71.9	20	3	-	150.0	6.5	5.0	145.0
All procedures	21	65.6	19	2	-	150.0	7.1	5.0	145.0
IOWA									
All laboratories	16	100.0	12	2	2	115.5	7.2	19.0	96.5
Microbiology	15	93.8	12	2	1	111.5	7.4	19.0	92.5
Serology	12	75.0	12	-	-	101.0	8.4	17.0	84.0
Clinical chemistry	16	100.0	12	2	2	115.5	7.2	19.0	96.5
Hematology	15	93.8	12	2	1	111.5	7.4	19.0	92.5
Immunohematology	14	87.5	12	2	-	110.5	7.9	19.0	91.5
Tissue pathology	12	75.0	12	-	-	101.0	8.4	17.0	84.0
Exfoliative cytology	12	75.0	12	-	-	101.0	8.4	17.0	84.0
All procedures	12	75.0	12	-	-	101.0	8.4	17.0	84.0
KANSAS									
All laboratories	26	100.0	12	7	7	116.3	4.5	21.3	95.0
Microbiology	24	92.3	12	6	6	113.3	4.7	21.3	92.0
Serology	13	50.0	12	1	-	97.3	7.5	18.3	79.0
Clinical chemistry	23	88.5	12	6	5	112.3	4.9	21.3	91.0
Hematology	25	96.2	12	6	7	113.3	4.5	21.3	92.0
Immunohematology	14	53.8	12	2	-	101.3	7.2	21.3	80.0
Tissue pathology	13	50.0	12	1	-	97.3	7.5	18.3	79.0
Exfoliative cytology	13	50.0	12	1	-	97.3	7.5	18.3	79.0
All procedures	13	50.0	12	1	-	97.3	7.5	18.3	79.0

¹ Includes all technical personnel other than directors—expressed in full-time equivalents.

Table 3.3.2 NUMBER OF INDEPENDENT LABORATORIES, BY TYPE OF PROCEDURE APPROVED, TRAINING OF LABORATORY DIRECTOR AND TECHNICAL STAFF, REGION, DIVISION, AND STATE—Con.

[See NOTES preceding General Tables]

Region, division, State, and type of procedure	Total laboratories		Training of laboratory director			Technical staff			
	Number	Percent	Pathologist	Other physician	Non-physician	Total number ¹	Average per laboratory	Physician	Non-physician
KENTUCKY									
All laboratories	28	100.0	11	14	3	88.6	3.2	24.0	64.6
Microbiology	25	89.3	10	14	1	83.6	3.3	24.0	59.6
Serology	11	39.3	9	1	1	46.6	4.2	13.0	33.6
Clinical chemistry	27	96.4	10	14	3	88.6	3.3	24.0	64.6
Hematology	26	92.9	10	14	2	85.6	3.3	24.0	61.6
Immunohematology	9	32.1	9	—	—	43.6	4.8	13.0	30.6
Tissue pathology	8	28.6	8	—	—	36.6	4.6	9.0	27.6
Exfoliative cytology	9	32.1	9	—	—	36.6	4.1	9.0	27.6
All procedures	8	28.6	8	—	—	36.6	4.6	9.0	27.6
LOUISIANA									
All laboratories	20	100.0	10	9	1	138.0	6.9	29.0	109.0
Microbiology	17	85.0	9	7	1	133.0	7.8	28.0	105.0
Serology	15	75.0	9	6	—	127.0	8.5	27.0	100.0
Clinical chemistry	18	90.0	9	8	1	135.0	7.5	28.0	107.0
Hematology	18	90.0	9	8	1	135.0	7.5	28.0	107.0
Immunohematology	16	80.0	9	6	1	132.0	8.3	28.0	104.0
Tissue pathology	16	80.0	10	6	—	128.0	8.0	28.0	100.0
Exfoliative cytology	16	80.0	9	7	—	129.0	8.1	27.0	102.0
All procedures	15	75.0	9	6	—	127.0	8.5	27.0	100.0
MAINE									
All laboratories	2	100.0	—	1	1	4.0	2.0	—	4.0
Microbiology	1	50.0	—	—	1	—	—	—	—
Serology	—	—	—	—	—	—	—	—	—
Clinical chemistry	2	100.0	—	1	1	4.0	2.0	—	4.0
Hematology	2	100.0	—	1	1	4.0	2.0	—	4.0
Immunohematology	—	—	—	—	—	—	—	—	—
Tissue pathology	—	—	—	—	—	—	—	—	—
Exfoliative cytology	—	—	—	—	—	—	—	—	—
All procedures	—	—	—	—	—	—	—	—	—
MARYLAND									
All laboratories	33	100.0	16	9	8	201.2	6.1	27.5	173.7
Microbiology	21	63.6	9	7	5	120.2	5.7	16.5	103.7
Serology	20	60.6	11	4	5	101.2	5.1	19.5	81.7
Clinical chemistry	26	78.8	12	7	7	185.2	7.1	26.5	158.7
Hematology	27	81.8	12	7	8	187.2	6.9	26.5	160.7
Immunohematology	24	72.7	12	6	6	161.2	6.7	26.5	134.7
Tissue pathology	13	39.4	12	—	1	77.5	6.0	15.3	62.2
Exfoliative cytology	18	54.5	15	2	1	90.5	5.0	19.3	71.2
All procedures	10	30.3	9	—	1	73.5	7.3	15.3	58.2
MASSACHUSETTS									
All laboratories	90	100.0	18	16	56	255.2	2.8	35.0	220.3
Microbiology	53	58.9	12	6	35	179.8	3.4	19.3	160.5
Serology	38	42.2	11	5	22	134.7	3.5	19.0	115.8
Clinical chemistry	86	95.6	16	15	55	248.2	2.9	32.0	216.3
Hematology	83	92.2	17	14	52	241.2	2.9	33.0	208.3
Immunohematology	55	61.1	13	7	35	172.9	3.1	19.3	153.7
Tissue pathology	11	12.2	11	—	—	66.5	6.0	9.3	57.2
Exfoliative cytology	16	17.8	12	1	3	79.5	5.0	14.3	65.2
All procedures	10	11.1	10	—	—	62.5	6.2	8.3	54.2
MICHIGAN									
All laboratories	74	100.0	24	14	36	341.5	4.6	42.5	299.0
Microbiology	63	85.1	20	11	32	302.9	4.8	34.5	268.4
Serology	62	83.8	21	12	29	310.0	5.0	34.0	276.0
Clinical chemistry	68	91.9	22	13	33	325.0	4.8	38.0	287.0
Hematology	69	93.2	22	13	34	325.0	4.7	38.0	287.0
Immunohematology	28	37.8	23	3	2	181.1	6.5	31.0	150.1
Tissue pathology	24	32.4	21	2	1	161.1	6.7	22.0	139.1
Exfoliative cytology	24	32.4	22	1	1	166.1	6.9	21.0	145.1
All procedures	20	27.0	19	1	—	129.1	6.5	16.0	113.1
MINNESOTA									
All laboratories	11	100.0	8	3	—	77.0	7.0	33.0	44.0
Microbiology	8	72.7	6	2	—	66.0	8.3	28.0	38.0
Serology	7	63.6	6	1	—	56.0	8.0	21.0	35.0
Clinical chemistry	8	72.7	6	2	—	66.0	8.3	28.0	38.0
Hematology	10	90.9	8	2	—	77.0	7.7	33.0	44.0
Immunohematology	7	63.6	6	1	—	56.0	8.0	21.0	35.0
Tissue pathology	8	72.7	8	—	—	51.0	6.4	21.0	30.0
Exfoliative cytology	9	81.8	8	1	—	51.0	5.7	21.0	30.0
All procedures	6	54.5	6	—	—	40.0	6.7	16.0	24.0
MISSISSIPPI									
All laboratories	7	100.0	4	2	1	41.5	5.9	3.0	38.5
Microbiology	7	100.0	4	2	1	41.5	5.9	3.0	38.5
Serology	7	100.0	4	2	1	41.5	5.9	3.0	38.5
Clinical chemistry	7	100.0	4	2	1	41.5	5.9	3.0	38.5
Hematology	7	100.0	4	2	1	41.5	5.9	3.0	38.5
Immunohematology	7	100.0	4	2	1	41.5	5.9	3.0	38.5
Tissue pathology	7	100.0	4	2	1	41.5	5.9	3.0	38.5
Exfoliative cytology	7	100.0	4	2	1	41.5	5.9	3.0	38.5
All procedures	7	100.0	4	2	1	41.5	5.9	3.0	38.5

¹ Includes all technical personnel other than directors—expressed in full-time equivalents.

Table 3.3.2 NUMBER OF INDEPENDENT LABORATORIES, BY TYPE OF PROCEDURE APPROVED, TRAINING OF LABORATORY DIRECTOR AND TECHNICAL STAFF, REGION, DIVISION, AND STATE—Con.

[See NOTES preceding General Tables]

Region, division, State, and type of procedure	Total laboratories		Training of laboratory director			Technical staff			
	Number	Percent	Pathologist	Other physician	Non-physician	Total number ¹	Average per laboratory	Physician	Non-physician
MISSOURI									
All laboratories	58	100.0	35	8	15	374.5	6.5	64.8	309.8
Microbiology	53	91.4	34	6	13	363.0	6.8	63.8	299.3
Serology	46	79.3	35	3	8	333.0	7.2	53.8	279.3
Clinical chemistry	57	98.3	35	7	15	371.5	6.5	64.8	306.8
Hematology	56	96.6	35	7	14	370.0	6.6	64.8	305.3
Immunohematology	46	79.3	35	6	5	352.5	7.7	64.8	287.8
Tissue pathology	34	58.6	34	—	—	314.5	9.3	52.8	261.8
Exfoliative cytology	37	63.8	35	1	—	323.5	8.7	52.8	270.8
All procedures	34	58.6	34	—	—	314.5	9.3	52.8	261.8
MONTANA									
All laboratories	8	100.0	4	2	2	34.6	4.3	2.0	32.6
Microbiology	7	87.5	4	2	1	33.6	4.8	2.0	31.6
Serology	5	62.5	4	—	1	26.1	5.2	2.0	24.1
Clinical chemistry	7	87.5	4	1	2	33.1	4.7	2.0	31.1
Hematology	7	87.5	4	1	2	33.1	4.7	2.0	31.1
Immunohematology	6	75.0	4	1	1	32.1	5.4	2.0	30.1
Tissue pathology	5	62.5	4	—	1	26.1	5.2	2.0	24.1
Exfoliative cytology	5	62.5	4	—	1	26.1	5.2	2.0	24.1
All procedures	5	62.5	4	—	1	26.1	5.2	2.0	24.1
NEBRASKA									
All laboratories	19	100.0	15	2	2	226.5	11.9	48.0	178.5
Microbiology	16	84.2	14	—	2	206.0	12.9	39.0	167.0
Serology	14	73.7	14	—	—	203.5	14.5	39.0	164.5
Clinical chemistry	17	89.5	14	1	2	222.0	13.1	47.0	175.0
Hematology	16	84.2	14	—	2	206.0	12.9	39.0	167.0
Immunohematology	14	73.7	14	—	—	203.5	14.5	39.0	164.5
Tissue pathology	15	78.9	15	—	—	206.5	13.8	40.0	166.5
Exfoliative cytology	16	84.2	15	1	—	208.0	13.0	40.0	168.0
All procedures	14	73.7	14	—	—	203.5	14.5	39.0	164.5
NEVADA									
All laboratories	13	100.0	8	4	1	41.0	3.2	16.0	25.0
Microbiology	5	38.5	3	1	1	13.0	2.6	4.0	9.0
Serology	6	46.2	3	2	1	18.0	3.0	6.0	12.0
Clinical chemistry	11	84.6	6	4	1	25.0	2.3	6.0	19.0
Hematology	12	92.3	7	4	1	33.0	2.8	11.0	22.0
Immunohematology	7	53.8	5	1	1	31.0	4.4	4.0	17.0
Tissue pathology	4	30.8	3	—	1	11.0	2.8	4.0	7.0
Exfoliative cytology	4	30.8	3	—	1	11.0	2.8	4.0	7.0
All procedures	4	30.8	3	—	1	11.0	2.8	4.0	7.0
NEW HAMPSHIRE									
All laboratories	1	100.0	—	—	1	5.0	5.0	1.0	4.0
Microbiology	1	100.0	—	—	1	5.0	5.0	1.0	4.0
Serology	—	—	—	—	—	—	—	—	—
Clinical chemistry	1	100.0	—	—	1	5.0	5.0	1.0	4.0
Hematology	1	100.0	—	—	1	5.0	5.0	1.0	4.0
Immunohematology	1	100.0	—	—	1	5.0	5.0	1.0	4.0
Tissue pathology	—	—	—	—	—	—	—	—	—
Exfoliative cytology	—	—	—	—	—	—	—	—	—
All procedures	—	—	—	—	—	—	—	—	—
NEW JERSEY									
All laboratories	125	100.0	24	20	81	255.9	2.0	20.3	235.6
Microbiology	95	76.0	23	14	58	218.3	2.3	17.3	201.0
Serology	103	82.4	22	13	68	222.8	2.2	18.3	204.5
Clinical chemistry	118	94.4	23	16	79	239.8	2.0	19.3	220.5
Hematology	113	90.4	23	16	74	235.9	2.1	19.3	216.6
Immunohematology	55	44.0	23	10	22	146.4	2.7	12.3	134.1
Tissue pathology	24	19.2	23	1	—	76.6	3.2	10.3	66.3
Exfoliative cytology	26	20.8	23	2	1	79.6	3.1	10.3	69.3
All procedures	21	16.8	21	—	—	68.6	3.3	10.3	58.3
NEW MEXICO									
All laboratories	23	100.0	7	9	7	79.5	3.5	7.0	72.5
Microbiology	19	82.6	5	8	6	76.5	4.0	7.0	69.5
Serology	9	39.1	5	3	1	63.5	7.1	3.0	60.5
Clinical chemistry	21	91.3	5	9	7	76.5	3.6	7.0	69.5
Hematology	20	87.0	5	9	6	76.5	3.8	7.0	69.5
Immunohematology	9	39.1	5	3	1	63.5	7.1	3.0	60.5
Tissue pathology	9	39.1	7	2	—	64.5	7.2	3.0	61.5
Exfoliative cytology	9	39.1	7	2	—	64.5	7.2	3.0	61.5
All procedures	7	30.4	5	2	—	61.5	8.8	3.0	58.5
NEW YORK									
All laboratories	257	100.0	85	35	137	1 305.7	5.1	113.3	1 192.4
Microbiology	177	68.9	59	20	98	1 048.7	5.9	75.3	973.4
Serology	188	73.2	59	18	111	1 022.0	5.4	72.0	950.0
Clinical chemistry	222	86.4	67	32	123	1 149.7	5.2	94.3	1 055.4
Hematology	234	91.1	71	32	131	1 158.7	5.0	92.3	1 066.4
Immunohematology	104	40.5	49	9	46	745.2	7.2	57.3	687.9
Tissue pathology	65	25.3	59	4	2	618.8	9.5	55.0	563.8
Exfoliative cytology	68	26.5	60	6	2	611.8	9.0	64.0	547.8
All procedures	34	13.2	33	1	—	423.6	12.5	35.0	388.6

¹ Includes all technical personnel other than directors—expressed in full-time equivalents.

Table 3.3.2 NUMBER OF INDEPENDENT LABORATORIES, BY TYPE OF PROCEDURE APPROVED, TRAINING OF LABORATORY DIRECTOR AND TECHNICAL STAFF, REGION, DIVISION, AND STATE—Con.

[See NOTES preceding General Tables]

Region, division, State, and type of procedure	Total laboratories		Training of laboratory director			Technical staff			
	Number	Percent	Pathologist	Other physician	Non-physician	Total number ¹	Average per laboratory	Physician	Non-physician
NORTH CAROLINA									
All laboratories.....	10	100.0	5	5	-	39.3	3.9	3.0	36.3
Microbiology.....	7	70.0	4	3	-	32.0	4.6	2.0	30.0
Serology.....	8	80.0	5	3	-	33.3	4.2	3.0	30.3
Clinical chemistry.....	9	90.0	5	4	-	38.3	4.3	3.0	35.3
Hematology.....	10	100.0	5	5	-	39.3	3.9	3.0	36.3
Immunohematology.....	7	70.0	4	3	-	32.0	4.6	2.0	30.0
Tissue pathology.....	5	50.0	4	1	-	26.0	5.2	2.0	24.0
Exfoliative cytology.....	5	50.0	4	1	-	26.0	5.2	2.0	24.0
All procedures.....	5	50.0	4	1	-	26.0	5.2	2.0	24.0
NORTH DAKOTA									
All laboratories.....	9	100.0	6	3	-	80.0	8.9	11.0	69.0
Microbiology.....	7	77.8	5	2	-	72.0	10.3	10.0	62.0
Serology.....	7	77.8	5	2	-	72.0	10.3	10.0	62.0
Clinical chemistry.....	9	100.0	6	3	-	80.0	8.9	11.0	69.0
Hematology.....	7	77.8	5	2	-	72.0	10.3	10.0	62.0
Immunohematology.....	7	77.8	6	1	-	71.0	10.1	10.0	61.0
Tissue pathology.....	7	77.8	6	1	-	71.0	10.1	10.0	61.0
Exfoliative cytology.....	6	66.7	5	1	-	69.0	11.5	9.0	60.0
All procedures.....	6	66.7	5	1	-	69.0	11.5	9.0	60.0
OHIO									
All laboratories.....	104	100.0	26	31	47	360.9	3.5	22.0	338.9
Microbiology.....	68	65.4	22	13	33	288.9	4.2	19.0	269.9
Serology.....	93	89.4	24	27	42	339.1	3.6	21.0	318.1
Clinical chemistry.....	99	95.2	24	30	45	355.9	3.6	22.0	333.9
Hematology.....	98	94.2	24	29	45	353.9	3.6	22.0	331.9
Immunohematology.....	42	40.4	24	15	3	242.3	5.8	16.0	226.3
Tissue pathology.....	29	27.9	25	1	3	203.5	7.0	15.0	188.5
Exfoliative cytology.....	33	31.7	25	4	4	214.0	6.5	15.0	199.0
All procedures.....	25	24.0	22	1	2	188.5	7.5	15.0	173.5
OKLAHOMA									
All laboratories.....	35	100.0	13	11	11	172.2	4.9	57.0	115.2
Microbiology.....	30	85.7	13	8	9	155.2	5.2	52.0	103.2
Serology.....	22	62.9	13	6	3	131.2	6.0	40.0	91.2
Clinical chemistry.....	31	88.6	13	9	9	163.2	5.3	57.0	106.2
Hematology.....	33	94.3	13	9	11	167.2	5.1	57.0	110.2
Immunohematology.....	24	68.6	13	8	3	143.2	6.0	47.0	96.2
Tissue pathology.....	17	48.6	12	5	-	109.2	6.4	29.0	80.2
Exfoliative cytology.....	19	54.3	13	6	-	118.2	6.2	29.0	89.2
All procedures.....	16	45.7	12	4	-	108.2	6.8	29.0	79.2
OREGON									
All laboratories.....	32	100.0	21	2	9	224.5	7.0	15.0	209.5
Microbiology.....	23	71.9	15	1	7	121.5	5.3	12.0	109.5
Serology.....	22	68.8	12	1	9	140.5	6.4	12.0	128.5
Clinical chemistry.....	28	87.5	18	1	9	213.5	7.6	15.0	198.5
Hematology.....	28	87.5	18	1	9	169.5	6.1	13.0	156.5
Immunohematology.....	18	56.3	15	1	2	145.5	8.1	12.0	133.5
Tissue pathology.....	10	31.3	10	-	-	50.5	5.1	11.0	39.5
Exfoliative cytology.....	12	37.5	11	1	-	102.5	8.5	11.0	91.5
All procedures.....	8	25.0	8	-	-	44.5	5.6	11.0	33.5
PENNSYLVANIA									
All laboratories.....	125	100.0	35	12	78	404.0	3.2	29.0	375.0
Microbiology.....	75	60.0	25	8	42	342.3	4.6	24.0	318.3
Serology.....	52	41.6	23	4	25	191.3	3.7	22.0	169.3
Clinical chemistry.....	114	91.2	26	12	76	376.0	3.3	27.0	349.0
Hematology.....	113	90.4	26	11	76	369.0	3.3	27.0	342.0
Immunohematology.....	35	28.0	24	7	4	190.8	5.5	22.0	168.8
Tissue pathology.....	28	22.4	24	1	3	164.8	5.9	20.0	144.8
Exfoliative cytology.....	37	29.6	33	1	3	187.8	5.1	22.0	165.8
All procedures.....	26	20.8	22	1	3	161.8	6.2	20.0	141.8
RHODE ISLAND									
All laboratories.....	19	100.0	1	2	16	47.2	2.5	4.0	43.2
Microbiology.....	17	89.5	1	2	14	46.2	2.7	4.0	42.2
Serology.....	10	52.6	1	1	8	30.2	3.0	4.0	26.2
Clinical chemistry.....	17	89.5	1	2	14	46.2	2.7	4.0	42.2
Hematology.....	19	100.0	1	2	16	47.2	2.5	4.0	43.2
Immunohematology.....	9	47.4	1	1	7	29.2	3.2	4.0	25.2
Tissue pathology.....	1	5.3	1	-	-	5.0	5.0	-	5.0
Exfoliative cytology.....	1	5.3	1	-	-	5.0	5.0	-	5.0
All procedures.....	1	5.3	1	-	-	5.0	5.0	-	5.0
SOUTH CAROLINA									
All laboratories.....	4	100.0	3	1	-	20.0	5.0	5.0	15.0
Microbiology.....	3	75.0	3	-	-	20.0	6.7	5.0	15.0
Serology.....	4	100.0	3	-	-	20.0	5.0	5.0	15.0
Clinical chemistry.....	4	100.0	3	1	-	20.0	5.0	5.0	15.0
Hematology.....	4	100.0	3	1	-	20.0	5.0	5.0	15.0
Immunohematology.....	3	75.0	3	-	-	20.0	6.7	5.0	15.0
Tissue pathology.....	3	75.0	3	-	-	20.0	6.7	5.0	15.0
Exfoliative cytology.....	3	75.0	3	-	-	20.0	6.7	5.0	15.0
All procedures.....	3	75.0	3	-	-	20.0	6.7	5.0	15.0

¹ Includes all technical personnel other than directors—expressed in full-time equivalents.

Table 3.3.2 NUMBER OF INDEPENDENT LABORATORIES, BY TYPE OF PROCEDURE APPROVED, TRAINING OF LABORATORY DIRECTOR AND TECHNICAL STAFF, REGION, DIVISION, AND STATE—Con.

[See NOTES preceding General Tables]

Region, division, State, and type of procedure	Total laboratories		Training of laboratory director			Technical staff			
	Number	Percent	Pathologist	Other physician	Non-physician	Total number ¹	Average per laboratory	Physician	Non-physician
SOUTH DAKOTA									
All laboratories	4	100.0	4	-	-	35.0	8.8	8.0	27.0
Microbiology	4	100.0	4	-	-	35.0	8.8	8.0	27.0
Serology	4	100.0	4	-	-	35.0	8.8	8.0	27.0
Clinical chemistry	4	100.0	4	-	-	35.0	8.8	8.0	27.0
Hematology	4	100.0	4	-	-	35.0	8.8	8.0	27.0
Immunohematology	4	100.0	4	-	-	35.0	8.8	8.0	27.0
Tissue pathology	4	100.0	4	-	-	35.0	8.8	8.0	27.0
Exfoliative cytology	4	100.0	4	-	-	35.0	8.8	8.0	27.0
All procedures	4	100.0	4	-	-	35.0	8.8	8.0	27.0
TENNESSEE									
All laboratories	23	100.0	11	3	9	123.0	5.3	14.0	109.0
Microbiology	15	65.2	7	1	7	87.0	5.8	10.0	77.0
Serology	18	78.3	8	1	9	94.0	5.2	10.0	84.0
Clinical chemistry	18	78.3	7	2	9	93.0	5.2	10.0	83.0
Hematology	19	82.6	8	2	9	94.0	4.9	10.0	84.0
Immunohematology	9	39.1	9	-	-	84.0	9.3	10.0	74.0
Tissue pathology	11	47.8	10	1	-	107.0	9.7	14.0	93.0
Exfoliative cytology	10	43.5	10	-	-	106.0	10.6	14.0	92.0
All procedures	7	30.4	7	-	-	80.0	11.4	10.0	70.0
TEXAS									
All laboratories	197	100.0	78	69	50	981.1	5.0	199.6	781.5
Microbiology	182	92.4	73	65	44	961.3	5.3	194.6	766.7
Serology	86	43.7	66	12	8	635.2	7.4	119.0	516.2
Clinical chemistry	189	95.9	73	68	48	965.3	5.1	192.6	772.7
Hematology	191	97.0	74	68	49	975.1	5.1	197.6	777.5
Immunohematology	122	61.9	71	43	8	791.6	6.5	154.6	637.0
Tissue pathology	74	37.6	69	3	2	579.4	7.8	113.0	466.4
Exfoliative cytology	77	39.1	70	5	2	589.5	7.7	116.6	472.9
All procedures	70	35.5	65	3	2	571.2	8.2	111.0	460.2
UTAH									
All laboratories	12	100.0	5	2	5	42.0	3.5	9.0	33.0
Microbiology	9	75.0	5	1	3	33.5	3.7	5.0	28.5
Serology	3	25.0	3	-	-	19.0	6.3	5.0	14.0
Clinical chemistry	9	75.0	5	1	3	33.5	3.7	5.0	28.5
Hematology	11	91.7	5	1	5	35.5	3.2	5.0	30.5
Immunohematology	7	58.3	5	-	2	29.5	4.2	5.0	24.5
Tissue pathology	3	25.0	3	-	-	19.0	6.3	5.0	14.0
Exfoliative cytology	4	33.3	3	1	-	25.5	6.4	9.0	16.5
All procedures	3	25.0	3	-	-	19.0	6.3	5.0	14.0
VERMONT									
All laboratories	4	100.0	-	2	2	8.0	2.0	3.0	5.0
Microbiology	2	50.0	-	1	1	7.0	3.5	3.0	4.0
Serology	1	25.0	-	-	1	1.0	1.0	-	1.0
Clinical chemistry	4	100.0	-	2	2	8.0	2.0	3.0	5.0
Hematology	4	100.0	-	2	2	8.0	2.0	3.0	5.0
Immunohematology	1	25.0	-	-	1	1.0	1.0	-	1.0
Tissue pathology	1	25.0	-	-	1	1.0	1.0	-	1.0
Exfoliative cytology	1	25.0	-	-	1	1.0	1.0	-	1.0
All procedures	1	25.0	-	-	1	1.0	1.0	-	1.0
VIRGINIA									
All laboratories	23	100.0	17	1	5	118.7	5.2	23.0	95.7
Microbiology	18	78.3	14	1	3	105.5	5.9	19.0	86.5
Serology	17	73.9	13	1	3	98.5	5.8	17.0	81.5
Clinical chemistry	20	87.0	14	1	5	110.5	5.5	19.0	91.5
Hematology	20	87.0	15	1	4	113.5	5.7	21.0	92.5
Immunohematology	19	82.6	14	1	4	108.5	5.7	19.0	89.5
Tissue pathology	14	60.9	11	1	2	82.5	5.9	13.5	69.0
Exfoliative cytology	18	78.3	15	1	2	105.2	5.8	20.5	84.7
All procedures	12	52.2	10	1	1	79.5	6.6	12.5	67.0
WASHINGTON									
All laboratories	64	100.0	37	12	15	274.0	4.3	28.0	246.0
Microbiology	55	85.9	32	10	13	229.0	4.2	26.0	203.0
Serology	47	73.4	31	5	11	216.5	4.6	18.0	198.5
Clinical chemistry	57	89.1	32	11	14	233.0	4.1	26.0	207.0
Hematology	61	95.3	35	11	15	264.0	4.3	26.0	238.0
Immunohematology	46	71.9	29	8	9	221.5	4.8	19.0	202.5
Tissue pathology	37	57.8	35	1	1	161.5	4.4	18.0	143.5
Exfoliative cytology	39	60.9	36	2	1	171.5	4.4	18.0	153.5
All procedures	30	46.9	28	1	1	143.5	4.8	16.0	127.5
WEST VIRGINIA									
All laboratories	7	100.0	1	3	3	14.2	2.0	2.3	11.9
Microbiology	6	85.7	1	2	3	13.2	2.2	2.3	10.9
Serology	4	57.1	1	2	1	8.7	2.2	0.3	8.4
Clinical chemistry	7	100.0	1	3	3	14.2	2.0	2.3	11.9
Hematology	7	100.0	1	3	3	14.2	2.0	2.3	11.9
Immunohematology	2	28.6	1	-	1	6.7	3.4	0.3	6.4
Tissue pathology	1	14.3	1	-	-	1.0	1.0	-	1.0
Exfoliative cytology	1	14.3	1	-	-	1.0	1.0	-	1.0
All procedures	1	14.3	1	-	-	1.0	1.0	-	1.0

¹ Includes all technical personnel other than directors—expressed in full-time equivalents.

Table 3.3.2 NUMBER OF INDEPENDENT LABORATORIES, BY TYPE OF PROCEDURE APPROVED, TRAINING OF LABORATORY DIRECTOR AND TECHNICAL STAFF, REGION, DIVISION, AND STATE—Con.

[See NOTES preceding General Tables]

Region, division, State, and type of procedure	Total laboratories		Training of laboratory director			Technical staff			
	Number	Percent	Pathologist	Other physician	Non-physician	Total number ¹	Average per laboratory	Physician	Non-physician
WISCONSIN									
All laboratories.....	17	100.0	14	1	2	159.0	9.4	39.0	120.0
Microbiology.....	10	58.8	9	-	1	108.5	10.9	26.0	82.5
Serology.....	12	70.6	11	1	-	139.0	11.6	32.0	107.0
Clinical chemistry.....	13	76.5	11	1	1	139.0	10.7	30.0	109.0
Hematology.....	14	82.4	11	1	2	140.0	10.0	30.0	110.0
Immunohematology.....	12	70.6	11	1	-	139.0	11.6	30.0	109.0
Tissue pathology.....	10	58.8	10	-	-	112.0	11.2	23.0	89.0
Exfoliative cytology.....	13	76.5	13	-	-	133.0	10.2	34.0	99.0
All procedures.....	7	41.2	7	-	-	89.5	12.8	16.0	73.5
WYOMING									
All laboratories.....	3	100.0	3	-	-	20.0	6.7	8.0	12.0
Microbiology.....	3	100.0	3	-	-	20.0	6.7	8.0	12.0
Serology.....	3	100.0	3	-	-	20.0	6.7	8.0	12.0
Clinical chemistry.....	3	100.0	3	-	-	20.0	6.7	8.0	12.0
Hematology.....	3	100.0	3	-	-	20.0	6.7	8.0	12.0
Immunohematology.....	3	100.0	3	-	-	20.0	6.7	8.0	12.0
Tissue pathology.....	3	100.0	3	-	-	20.0	6.7	8.0	12.0
Exfoliative cytology.....	3	100.0	3	-	-	20.0	6.7	8.0	12.0
All procedures.....	3	100.0	3	-	-	20.0	6.7	8.0	12.0
OUTLYING AREAS									
Guam									
All laboratories.....	-	-	-	-	-	-	-	-	-
Microbiology.....	-	-	-	-	-	-	-	-	-
Serology.....	-	-	-	-	-	-	-	-	-
Clinical chemistry.....	-	-	-	-	-	-	-	-	-
Hematology.....	-	-	-	-	-	-	-	-	-
Immunohematology.....	-	-	-	-	-	-	-	-	-
Tissue pathology.....	-	-	-	-	-	-	-	-	-
Exfoliative cytology.....	-	-	-	-	-	-	-	-	-
All procedures.....	-	-	-	-	-	-	-	-	-
Puerto Rico									
All laboratories.....	52	100.0	5	10	37	141.9	2.7	28.0	113.9
Microbiology.....	45	86.5	-	10	35	134.4	3.0	25.0	109.4
Serology.....	5	9.6	-	-	5	7.0	1.4	-	7.0
Clinical chemistry.....	47	90.4	-	10	37	134.4	2.9	25.0	109.4
Hematology.....	44	84.6	-	10	34	127.4	2.9	25.0	102.4
Immunohematology.....	4	7.7	-	4	-	23.0	5.8	6.0	17.0
Tissue pathology.....	5	9.6	5	-	-	7.5	1.5	3.0	4.5
Exfoliative cytology.....	6	11.5	5	-	1	14.5	2.4	6.0	8.5
All procedures.....	-	-	-	-	-	-	-	-	-
Virgin Islands									
All laboratories.....	1	100.0	1	-	-	2.0	2.0	1.0	1.0
Microbiology.....	1	100.0	1	-	-	2.0	2.0	1.0	1.0
Serology.....	1	100.0	1	-	-	2.0	2.0	1.0	1.0
Clinical chemistry.....	1	100.0	1	-	-	2.0	2.0	1.0	1.0
Hematology.....	1	100.0	1	-	-	2.0	2.0	1.0	1.0
Immunohematology.....	1	100.0	1	-	-	2.0	2.0	1.0	1.0
Tissue pathology.....	1	100.0	1	-	-	2.0	2.0	1.0	1.0
Exfoliative cytology.....	1	100.0	1	-	-	2.0	2.0	1.0	1.0
All procedures.....	1	100.0	1	-	-	2.0	2.0	1.0	1.0
Other Outlying Areas									
All laboratories.....	-	-	-	-	-	-	-	-	-
Microbiology.....	-	-	-	-	-	-	-	-	-
Serology.....	-	-	-	-	-	-	-	-	-
Clinical chemistry.....	-	-	-	-	-	-	-	-	-
Hematology.....	-	-	-	-	-	-	-	-	-
Immunohematology.....	-	-	-	-	-	-	-	-	-
Tissue pathology.....	-	-	-	-	-	-	-	-	-
Exfoliative cytology.....	-	-	-	-	-	-	-	-	-
All procedures.....	-	-	-	-	-	-	-	-	-

¹ Includes all technical personnel other than directors—expressed in full-time equivalents.

Other Data Sources on the Health Insurance for the Aged Program

The *Health Insurance Statistics* series is designed to present current, quick-release data from the Medicare program. Two report series are issued in this format:

The *Health Insurance* (HI) series has included 26 releases since 1967. Issues released prior to 1970 are out of print, but available in many libraries.

The *Current Medicare Survey* (CMS) series, based on data from the continuing Current Medicare Survey, has included 13 releases since 1967. These issues are available in most libraries.

Future releases in the HI and CMS series may be obtained upon request to the Publications Staff, Office of Research and Statistics, Social Security Administration, Room 3643, HEW North Building, 330 Independence Avenue, S.W., Washington, D.C. 20201.

The *Social Security Bulletin*, published monthly, presents authoritative articles and analyses of medical care expenditures, prices, and utilization as well as current operating statistics from the Medicare program. The *Annual Statistical Supplement* to the *Bulletin* includes summary data on trust funds, services, claims, enrollment, average charges and participating providers of service under Medicare. The *Bulletin*, including the *Supplement*, is available in most libraries and by subscription at \$4 a year from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

The *Research and Statistics Note* series report on-going research, preliminary findings or provide addenda to material already published on the old-age, survivors, disability, and health insurance program. Designed to get information quickly into the hands of users, the series includes data on medical care prices, outlays, and expenditures. The series is available in many libraries. Future releases may be obtained upon request to the Publications Staff, Office of Research and Statistics, Social Security Administration, Room 3643, HEW North Building, 330 Independence Avenue, S.W., Washington, D.C. 20201.

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